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ABSTRACT

This resource guide provides information on organizations, publications, legislation, and other resources relating to autism. Sections include: (1) commonly used disability acronyms and definitions; (2) the educational definition of autism; (3) the medical definition of autism; (4) special education offices and special services of the Missouri Department of Elementary and Secondary Education; (5) contacts for understanding educational rights; (6) other resources and information about educational services; (7) the Missouri Department of Mental Health and the services it provides; (8) the Missouri Parents Act; (9) the Missouri Protection and Advocacy Services; (10) parent/professional organizations; (11) libraries and information resources; (12) autism resources on the Internet; (13) autism organizations; (14) local chapters of the Autism Society of America and support groups; (15) nonprofit organizations with associated resources; (16) technology resources; (17) diagnostic clinics; (18) guidelines for evaluating intervention programs for autism; (19) services, treatments, and therapies, including animal therapy, applied behavioral analysis, auditory integration, behavior therapy, dietary therapy, instructional strategies, music therapy, occupational therapy, positive behavior supports, play therapy, sensory integration, speech/language therapy, special education, vision therapy, and vitamin therapy; (20) newsletters and publications on autism; and (21) a Missouri interagency agreement on agency cooperation. (CR)

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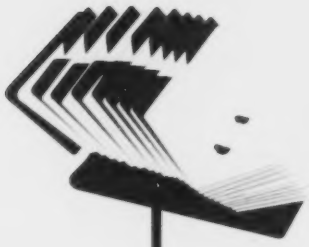
Missouri



Autism Resource Guide

Fall 1998

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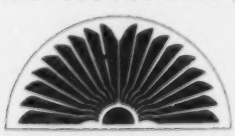

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Introduction

The Missouri departments of Elementary and Secondary Education and Mental Health are pleased to share the ***Missouri Autism Resource Guide,*** developed by parents and professionals from all areas of the state. The resource guide is a direct result of the Interagency Agreement between the two departments and the accompanying activities for action. The purpose of the interagency agreement is to facilitate collaboration and coordination between the departments in the support of students with autism and their families. The agreement is located in the appendix of this guide.

Members of the Interagency Advisory Committee for school-aged children with autism included parents or other family members, representatives of Missouri Council of Administrators of Special Education (MOCASE), autism projects, Division of Mental Retardation and Developmental Disabilities, the Division of Special Education and Project ACCESS.

The group met over a 10-month period to better understand the roles and responsibilities of each organization serving school-aged children with autism, and to support and promote respect and communication among families, local school districts, the autism projects and state agencies. Following final approval by the committee, the document was formally signed by Roy Wilson, M.D. and Robert Bartman, Ed.D., directors of the Department of Mental Health and Elementary and Secondary Education, respectively. This agreement and the accompanying activities for action are working, changing documents. Representatives from school districts and the Autism Advisory Committee for the Department of Mental Health will meet twice each year to discuss issues and make recommendations to the departments of Elementary and Secondary Education and Mental Health.

It is our hope that as we accomplish activities others will be added, and by working together, positive changes will occur for children with autism.

This guide is not intended to provide great detail on any one subject relating to autism; rather it is to serve as a road map to facilitate finding relevant information on numerous subjects. It is not necessarily the intent to recommend the resources listed nor to reflect negatively on ones that may have been omitted. It certainly is not an exhaustive listing of resources on autism.

We understand that references in the guide will need to be changed and additions made in the upcoming years. It is our intent to publish an updated version in approximately two years.

Commonly Used Acronyms & Definitions

AAC	Augmentative and Alternative Communication
ABA	Applied Behavior Analysis
ADA	Americans with Disabilities Act
Adaptive Behaviors	The ability to adjust to environments, tasks, objects, or people, and to apply skills to situations. Refers to skills for meeting personal and social demands of one's environment.
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
ARC	Association for Retarded Citizens of the United States
ASA	Autism Society of America
Asperger's Disorder	Medically diagnosed syndrome with similarities to high-functioning autism.
Assessment	Process by which an individual's strengths and weaknesses are identified. Includes formal and informal testing and observations; term is often used interchangeably with evaluation.
Autism	Autism is difficult to define and there are a variety of definitions. It is a developmental disability and a neurophysiological disorder. It is diagnosed through observed characteristics and social behaviors. It is a life-long communication, sensory, and interactional disability. It varies in severity across individuals but is treatable.
BD	Behavior Disorder
CA	Chronological Age
CEC	Council for Exceptional Children
CFR	Code of Federal Regulations
Childhood Disintegrative	This is listed in the Diagnostic and Statistical Manual-Fourth Edition (DSM-IV) as one of the pervasive developmental disorders. It is characterized by progressive regression in motor, language and cognitive skills.
CIL	Center for Independent Living

Commonly Used Acronyms & Definitions...

DD	Developmental Disability; Developmental Delay; Disability Determinations
DESE	Department of Elementary and Secondary Education
Developmental Disability	A handicap or impairment originating before the age of 18 which constitutes a substantial disability and that may be expected to continue indefinitely.
DFS	Division of Family Services
Diagnostic & Statistical Manual of Mental Disorders	A manual published by the American Psychiatric Association (APA) that describes all of the diagnostic criteria and systematic descriptions of various mental disorders.
DMH	Department of Mental Health
DSM-IV	Diagnostic and Statistical Manual-Fourth Edition
Echolalia	Repetition of phrases or words; may be immediate or delayed.
ECSE	Early Childhood Special Education
ED	Emotional Disturbance; Emotional Disorder
Effective Practice	Any valid procedure supporting learning growth in students with autism. May or may not be researched-based.
EHA	Education of all Handicapped Act (PL94-142)
ESYP	Extended School Year Program
Expressive Language	The ability to use gestures, oral speech, or written symbols to communicate.
FAPE	Free and Appropriate Public Education
FERPA	Family Education Rights and Privacy Act (Buckley Amendment)
IDEA	Individuals with Disabilities Education Act (formerly EHA)
IEP	Individualized Education Program
IFSP	Individualized Family Service Plan
IHP	Individual Habilitation Plan — for clients of the Division of MRDD

Commonly Used Acronyms & Definitions...

Inclusion	Participation in age-appropriate settings with nondisabled peers
IPC	Individual Plan of Care — for clients of the Division of MRDD for the Medical Waiver Program
IPP	Individualized Personal Plan
IQ	Intelligence Quotient (as tested)
ISL	Individualized Supported Living
ITP	Individualized Transition Program/Plan
IVEP	Individualized Vocational Educational Plan
IWRP	Individualized Written Rehabilitation Program
LEA	Local Education Agency (school district)
Least Restrictive Environment (LRE)	To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled. Special classes, separate schooling or other removal of children with disabilities from the general educational environment occurs only when the nature or severity of the child's disability is such that education in general classes with the use of supplementary aids and services cannot be satisfactorily achieved.
LD	Learning Disability
MA	Mental Age — a calculation made using IQ and CA
MOPAS	Missouri Protection and Advocacy Services
MO-SPAN	Missouri Statewide Parent Advisory Network
MO TASH	Missouri Association for Persons with Severe Handicaps
MPACT	Missouri Parents Act — Missouri parent information and training center authorized by IDEA
MR	Mental Retardation
MRDD	Division of Mental Retardation and Developmental Disabilities
P&A	Protection & Advocacy (Missouri Protection and Advocacy)
Para	Paraprofessional; Paraeducator; Classroom Aide
Paraprofessional	An individual hired to assist within a classroom or as a one-on-one assistant under the supervision of a certificated teacher. May be referred to as a paraeducator or classroom aide.

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Commonly Used Acronyms & Definitions...

PBS	Positive Behavioral Support
PDD	Pervasive Developmentally Delayed; Pervasive Developmental Disorder is the umbrella category under which autism falls in the Diagnostic and Statistical Manual (DSM-IV).
PDD-NOS	Pervasive Developmental Disorder — Not Otherwise Specified is a diagnosis given to individuals who are in the PDD spectrum who don't meet the criteria for autism, Asperger's Disorder, Rett's Disorder, or Childhood Disintegrative Disorder.
Perseveration	Repetitive movement, thought or speech
Positive Reinforcement	A procedure by which a stimulus, event or object is presented contingent upon a response, usually immediately following the response, resulting in the likelihood that the response will be strengthened or maintained.
Receptive Language	The ability to understand spoken and written communication as well as gestures.
Rett's Disorder	This syndrome is listed under Pervasive Developmental Disorder in the DSM-IV because at times it is mistaken for autism. It occurs only in girls and is characterized by regression in motor, language and cognitive skills.
Sensorimotor Integration	Process by which the nervous system receives, organizes, filters and integrates sensory and motor information in order to make an appropriate response.
SB40	Senate Bill 40 — county tax levy for services to persons with developmental disabilities. Not present in all Missouri counties.
SB40 Board	Board that administers county tax levy for services to persons with developmental disabilities.
SSI	Supplemental Security Income Benefits under Title XVI of the Social Security Act.

Educational Definition of Autism

(Source: Missouri State Plan for Special Education)

Autism is a developmental disability which may occur concurrently with other disabilities. Onset appears during infancy or childhood and is behaviorally defined to include disturbances in four areas:

1. Developmental rates or sequences;
2. Responses to sensory stimuli;
3. Speech, language-cognitive capacities, nonverbal communication; and
4. Capacities to relate to people, events, objects, and which adversely affects educational performance.

Educational performance shall be interpreted as not only classroom applications of academic skills and concepts, but also as generalization of skills and behaviors such as social interaction, functional communication, prevocational and vocational skills and behaviors to other environments.

Essential features of autism include:

1. **Disturbances in developmental rates or sequences:**

   Normal coordination of the developmental areas (cognitive/adaptive behavior, speech, language, fine motor, gross motor and social/emotional/behavioral) is disrupted. Delays, arrests or regressions occur among or within one or more of the areas.

   Within areas

   For example, within the social/emotional/behavioral area, the student may respond to attempts by others to interact but not initiate interactions with others; or within the cognitive/adaptive behavior area, nonverbal intelligence scores may be markedly higher then verbal scores yet significantly lower than adaptive abilities.

   Between areas

   For example, excellent gross motor and balance skills may be present while social interaction skills are delayed; or speech may be present but not used for social communication purposes.

   Arrests, delays and regressions

   For example, development may be normal up to a point at which there is an arrest, such as when walking stops; or some cognitive skills may develop at expected times while others are delayed or absent; or imitative behavior or speech may be delayed in onset followed by rapid acquisition of some skills in these areas.

❷ Disturbances in responses to sensory stimuli:

There may be generalized hyperactivity or hypoactivitiy or alternation of these two states over periods ranging from hours to months.

Visual symptoms (seeing)

There may be close scrutiny of visual details; apparent nonuse of eye contact; staring, prolonged regarding of hands or objects; attention to changing levels of illumination.

Auditory symptoms (hearing)

There may be close attention to self-induced sounds; non-response or over-response to varying levels of sound.

Tactile symptoms (touch)

There may be over- or under-response to touch, pain and temperatures; prolonged rubbing of surfaces; sensitivity to food textures.

Vestibular symptoms (balance)

There may be over- or under-reactions to gravity stimuli, whirling without dizziness and preoccupation with spinning objects.

Olfactory and gustatory symptoms (smelling and tasting)

There may be repetitive sniffing, specific food preferences; licking of inedible objects.

Proprioceptive symptoms (movement)

There may be posturing, darting/lunging movements, hand flapping, gesticulations and grimaces.

❸ Disturbances in speech, language-cognitive and nonverbal communication:

Speech symptoms

Elective mutism, delayed onset, immature syntax, immature articulation and modulated but immature inflections.

Language-cognition symptoms

Specific cognitive capacities such as rote memory and visual-spatial relations may be intact with failure to develop the use of abstract terms, concepts and reasoning; immediate or delayed echolalia with or without communicative intent; nonlogical use of concepts; neologisms.

Nonverbal communication

Absent or delayed development of appropriate gestures; disassociation of gestures from language; failure to assign symbolic meaning to gestures.

❹ Disturbances in capacities to relate to people, events or objects

There is failure to develop appropriate responsiveness to people and to assign appropriate symbolic meaning to objects or events.

Examples in relation to people

Absence, arrests or delays of smiling response, stranger anxiety, anticipatory response to gestures, playing peek-a-boo, patty-cake games or waving bye-bye, failure to make eye contact or display facial responses, failure to make reciprocal responsiveness to physical contact and failure to develop a relationship with significant caretakers. For example, caretakers may be treated indifferently, interchangeably, with only mechanical clinging or with panic at separation. Cooperative play and friendships, usually appearing between the ages of 5 and 7 years, may develop but are superficial, immature and only in response to strong social cues.

Examples in relation to objects

Absent, arrested or delayed capacities to use objects, or to assign them symbolic or thematic meaning. Objects are often used in idiosyncratic, stereotypic or perseverative ways. Interference with the use of objects often results in expressions of discomfort or panic.

Examples in relation to events

There may be a particular awareness of the sequence of events, and disruption of this sequence may result in expressions of discomfort or panic.

Associated features of autism may include:

Other disturbances of thought, mood and behavior and may vary with age. These disturbances are listed below.

- Mood may be labile. Crying may be unexplained or inconsolable; there may be giggling or laughing without identifiable stimuli.
- There may be a lack of appreciation of real dangers, such as moving vehicles, as well as inappropriate fears.
- Self-injurious behaviors, such as hair pulling and hitting or biting parts of the body, may be present.
- Stereotypic and repetitive movements of limbs or the entire body are common.

Criteria for initial determination of eligibility:

After completing all steps required in the special education process, a team of qualified professionals and the parent may determine that the student displays autism if disturbances in *all* four of the following areas are present or can be documented in past behavior. Behaviors may be present in any combination of levels. These behaviors should be assessed in terms of what differs from behaviors appropriate for the child's cognitive ability levels.

Disturbances in developmental rates or sequences: The student may exhibit delays, arrests or regressions in physical, social or learning skills. Areas of precocious skill development may also be present, while other skills may develop at normal or extremely depressed rates. The order of skill acquisition frequently does not follow normal developmental patterns.

Disturbances in responses to sensory stimuli: The student's behavior may range from being hyperactive to unresponsive to people and objects in his/her environment, and the behavior can alternate between these two states over periods ranging from hours to months. Disturbances may be apparent in auditory, visual, olfactory, gustatory, tactile and kinesthetic responses. The student may respond to stimulation inappropriately and in repetitive or nonmeaningful ways.

Disturbances in speech, language-cognitive and nonverbal communication: The student displays abnormalities which extend beyond speech to many aspects of the communication process.

* Communicative language may be absent or, if present, language may lack communicative intent.

* Characteristics may involve both deviance and delay. There is a basic deficit in the capacity to use language for social communication, both receptively and expressively.

Disturbance in capacities to relate to people, events or objects: There is a basic deficit in the capacity to form relationships with people. The capacity to use objects in an age-appropriate or functional manner may be absent, arrested or delayed. The child may seek consistency in environmental events to the point of exhibiting rigidity in routines.

These characteristics are not *primarily* caused by:

- ✗ Visual, auditory acuity, or motor deficits;
- ✗ Behavior disorders/emotional disturbance;
- ✗ Mental retardation; or
- ✗ Environmental, economic disadvantages or cultural differences.

Educational Definition of Autism...

The determination of whether a student is a student with autism as defined under IDEA is made by a team of qualified professionals and the parent of the child. The evaluation process must include input from a person with competence in autism. Evaluation of students with autism for educational programming generates unique issues. These issues include the need for assessment of functionality. This is made necessary by the inherent difficulties in skills generalization that most autistic persons exhibit. In data gathering, particular attention should be paid to developmental history, including a family interview and complete medical information; direct behavioral observations conducted on different days in multiple environments including, but not necessarily limited to, school settings; and written, dated anecdotal records of a behavioral nature.

* Any diagnosis under IDEA, including autism, does not dictate a specific placement. It is important when considering an educational placement for students with autism to base such decisions on the assessed strengths and needs of the student, rather than on stereotypical reactions to the label of autism. Any certified teacher(s) qualified to provide the services delineated in the Individualized Education Program (IEP) may do so. Students with autism may be served in a variety of educational settings. It is critical to have access to staff who are competent in working with students with autism and who will respond to their unique learning characteristics.

Medical Definition of Autism

DSM-IV – Pervasive Developmental Disorder - ***Severe and pervasive impairment in several areas of development.***

Subgroups of PDD: Autistic Disorder; Rett's Disorder; Childhood Disintegrative Disorder; Asperger's Disorder; Pervasive Developmental Disorder—Not Otherwise Specified (Including Atypical Autism).

Diagnostic criteria for autistic disorder

A. A total of six (or more) items from ❶, ❷, and ❸, with at least two from ❶ and one each from ❷ and ❸:

❶ Qualitative impairment in reciprocal social interactions, as manifested by at least two of the following:

* Marked impairment in the use of multiple, nonverbal behaviors;
* Failure to develop peer relationships appropriate to developmental level;
* Lack of spontaneous seeking to share enjoyment, interests and achievement;
* Lack of social or emotional reciprocity.

❷ Qualitative impairment in communication, as manifested by at least one of the following:

* Delay in, or total lack of, the development of spoken language;
* In individuals with adequate speech, marked impairment in the ability to initiate or sustain conversation with others;
* Stereotyped and repetitive use of language or idiosyncratic language;
* Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level.

❸ Restricted repetitive and stereotypical patterns of behavior, interests and activities, as manifested by at least one of the following:

* Encompassing preoccupation with one or more stereotyped and restrictive patterns of interest that is abnormal either in intensity or focus;
* Apparent inflexible adherence to specific, nonfunctional routines or rituals;
* Stereotyped and repetitive motor mannerisms;
* Persistent preoccupation with parts of objects.

B. Delays or abnormal functioning in at least one of ❶, ❷, or ❸ above, with onset prior to age 3 years.

C. The disturbance not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder.

Comparison of Definitions of Autism

	DSM-IV (1994)	DSM-IV (1994)	ASA (1900)	IDEA (1991)
Name of Disorder	Autistic Disorder	Asperger's Disorder	Autism	Autism
Prevalence	2 to 5 / 10,000*	Information on the prevalence of Asperger's Disorder is limited, but it appears to be more common in males.	15 / 10,000	Not Specified
Onset	During infancy or childhood. Prior to age 3 years.	Somewhat later than Autistic Disorder. Motor delays or motor clumsiness may be noted in the preschool period. Difficulties in social interactions may become more apparent in the context of school. This disorder apparently follows a continuous course and, in the vast majority of cases, the duration is lifelong.	First three years of life.	Generally evident before age 3.
Social	Quantitative impairment in reciprocal social interaction.+	Qualitative impairment in reciprocal social interation.+	Abnormal ways of relating to people, events and objects.	Significantly affects social interaction.
Language	Qualitative impairment in verbal and nonverbal communication and in imaginative activity.+	No clinically significant general delay in language (e.g., single words used by age 2 years, communicative phrases used by age 3 years).	Speech and language are absent or delayed, specific thinking capabilities may be present.	Significantly affects verbal and nonverbal communication.
Other	Markedly restricted repetitive and sterotyped patterns of behavior, interests and activities.	Restricted repetitive and sterotyped patterns of behavior, interests and activities. No clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than in social interaction and curiosity about the environment in childhood.)	Abnormal response to sensations. Disturbance in the rate of appearance of physical, social and language skills.	Unusual responses to sensory experiences (listed as characteristics). Adversely affects educational performance. Rules out "serious emotional disturbance."
Related Disorder(s)	Pervasive Developmental Disorder–Not Otherwise Specified (Including Atypical Autism): This category should be used when there is a severe and pervasive impairment in the development of reciprocal social interaction or verbal and nonverbal communication skills, or when stereotyped behavior, interests and activities are present, but the criteria are not met for a special Pervasive Developmental Disorder, Schizophrenia, Schizotypal Personality Disorder or Avoidant Personality Disorder. For example, this category includes "atypical autism"–a presentation that does not meet the criteria for Autistic Disorder because of late age at onset, atypical symptomatology, subthreshold symptomatology, or all of these.	Criteria are not met for another specific PDD or Schizophrenia.	*This rate reflects the prevalence for autistic disorder only. +This criterion is met only if the behavior is abnormal for the person's developmental level.	

Missouri Department of Elementary and Secondary Education

- We provide leadership and promote excellence.
- We champion high-quality public education.
- We advocate equity for every learner.
- We develop school leaders and other educational team members.
- We establish standards that demand excellence and build a solid foundation for lifelong learning, workplace skills and citizenship.
- We evaluate program and policy effectiveness.
- We share best practices.
- We carry out programs with the least administrative burden and cost.
- We assist persons with disabilities by providing individualized support and services.
- We create a caring workplace that fosters teamwork and personal and professional growth.
- We promise to greatly exceed customers' expectations.
- We listen to those we serve in order to improve our operations and adapt to changing needs.
- We forge partnerships to improve our services.
- We value each employee's contribution to achieving this mission.

P.O. Box 480
Jefferson City, MO 65102-0480
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www.dese.state.mo.us

Mission and Vision

"Making a positive difference through education and service."

The Missouri Department of Elementary and Secondary Education is a team of dedicated individuals working for the continuous improvement of education and services for all citizens. We believe that we can make a positive difference in the quality of life for all Missourians by providing exceptional service to students, educators, schools and citizens.

Department of Education...

The Missouri Department of Elementary and Secondary Education is comprised of six divisions. Two divisions–Special Education and Vocational Rehabilitation — specifically deal with students and individuals with disabilities.

Division of Special Education

P.O. Box 480
Jefferson City, Missouri 65102
Phone (573) 751-0699
Fax: [573] 526=4404
www.dese.state.mo.us/divspeced/index.html

Special Education School Improvement Section

For information about compliance with IDEA or responsibilities of local school districts, contact the Special Education School Improvement Section. Refer to the map on the next page for the appropriate number for your location.

Area Supervisors for Special Education

Area 1	(573) 751-1739	**Area 2**	(573) 751-0589
Area 3	(573) 651-2866	**Area 4**	(573) 751-7661
Area 5	(573) 751-0727	**Area 6**	(573) 751-0625
Area 7	(573) 751-0188	**Area 8**	(417) 836-6082
Area 9	(573) 751-1541	**Area 10**	(314) 516-4521

Early Childhood Special Education Section (ECSE)

For information about First Steps or ECSE contact the main office at (573) 751-0187. Refer to the map on page 19 for the appropriate number for your location.

SE & Central MO	(573) 526-5283
NW	(573) 751-2512
N E	(573) 751-0285
SW	(573) 751-3407

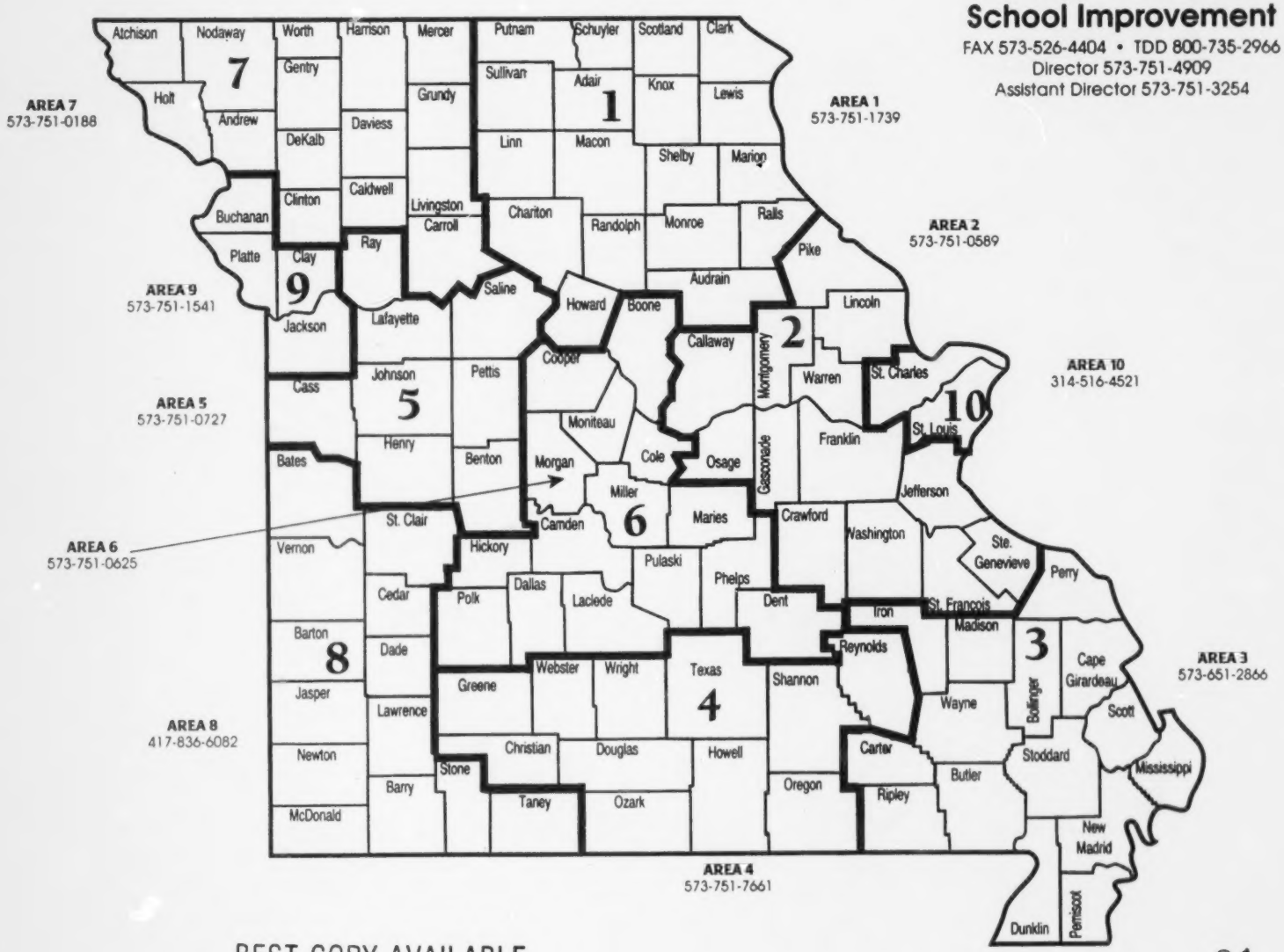
Private Schools

For a listing of private schools approved by the Department of Elementary and Secondary Education, call (573) 751-0699 and ask for a list of private agencies approved to provide educational services.

Families may also wish to contact their local autism project for other schools in their area.

Special Education School Improvement

FAX 573-526-4404 • TDD 800-735-2966
Director 573-751-4909
Assistant Director 573-751-3254



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Missouri Department of Elementary and Secondary Education
Division of Special Education
Early Childhood Special Education Section
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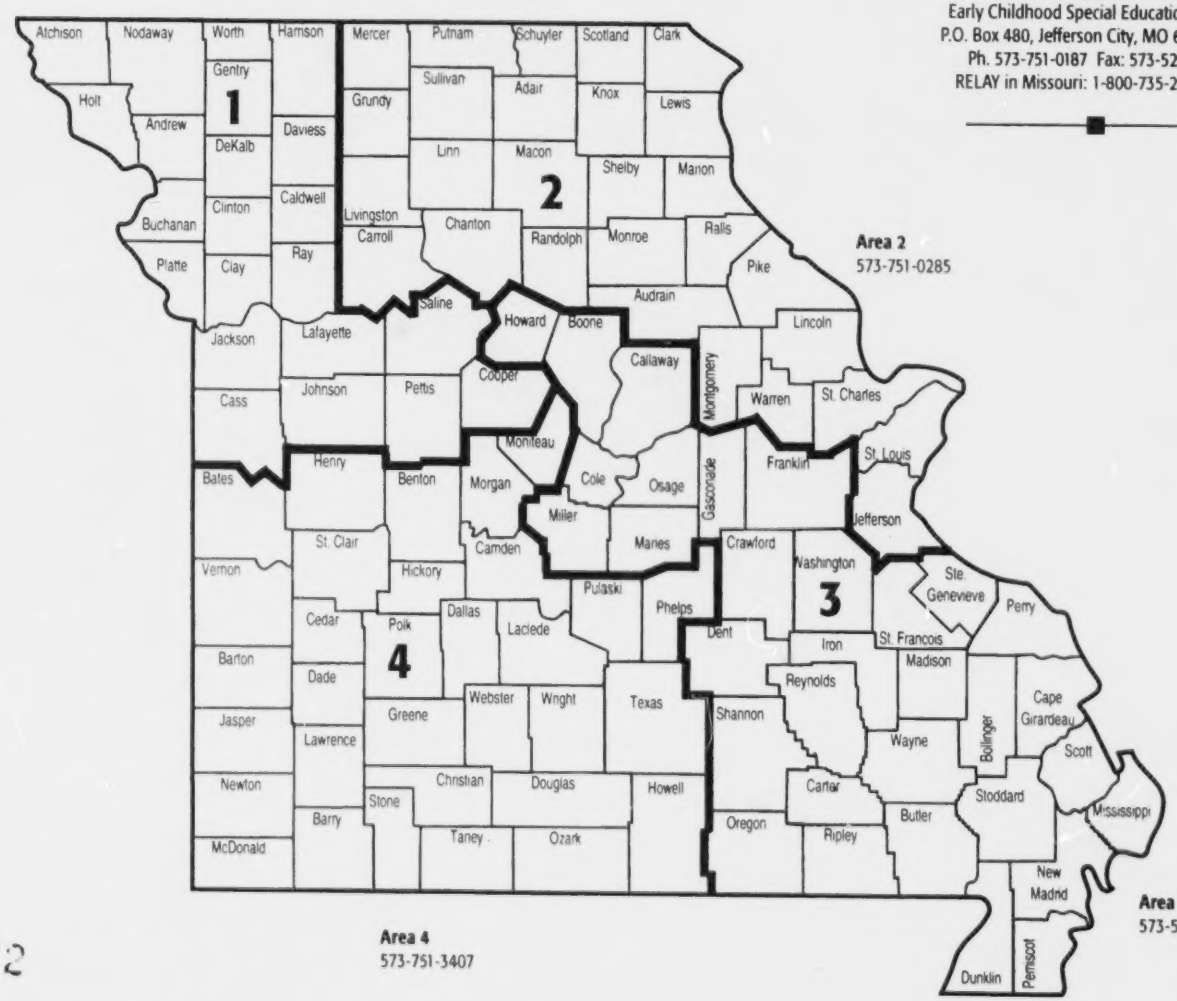
Ph. 573-751-0187 Fax: 573-522-5085
RELAY in Missouri: 1-800-735-2966 TDD

Area 1
573-751-2512



Area 2
573-751-0285

Area 3
573-526-5283

Area 4
573-751-3407

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Special Education Projects and Services...

Project ACCESS is a cooperative effort between the Missouri DESE and Southwest Missouri State University. ACCESS provides support and technical assistance to school districts serving students with autism.

Staffed with resource specialists in autism and graduate students from SMSU, ACCESS offers two major types of services to Missouri public schools: staff development activities and library resources. These services are available on a statewide basis.

Project ACCESS
Southwest Missouri State University
901 S. National
Springfield, MO 65804
(417) 836-6755; Fax: [417] 836-4118
E-mail: shb793t@vma.smsu.edu
www.smsu.edu/contrib/access

The following fact sheets are available upon request:

1. *Transitioning to the Next Environment: Transition Planning for the Student Under Age 14* (February 1992)
2. *Visual Scheduling: What It Is and How to Get Started* (May 1992)
3. *Integrating Through Reverse Chaining: How to Teach Tolerance of an Integrated Setting* (May 1992)
4. *About Autism...and Young Children* (July 1992)
5. *The Teacher's Checklist: Questions to Ponder When Reviewing Your Program* (April 1993)
6. *Life Referenced Curricula for Students with Autism* (May 1992)
7. *Auditory Integration Training* (April 1993)
8. *Sensory Integration: An Educational View* (April 1993)
9. *Facilitated Communication* (June 1994)
10. *Transition for Continuity and EMPLOYABILITY* (June 1994)
11. *Direct Social Skills Instruction* (April 1993)
12. *Positive Behavioral Support* (April 1993)
13. *Autism or Pervasive Developmental Disorder: What's the Difference* (February 1996)
14. *About Autism* (February 1995)
15. *The Paraprofessional's Role in Curriculum Adaptation* (February 1996)
16. *Practical Tips on Adapting Curriculum for Diverse Learners* (February 1996)
17. *Body Talk: Learning to Speak Nonverbal Language* (February 1996)
18. *An Interview with Dr. Edna Smith-Herron* (June 1996)
19. *Do You Need a Visit From a Missouri Autism Consultant?* (September 1996)
20. *Do You Need an Autism Consultant in Your School District?* (October 1996)

Project ACCESS has assembled frequently requested information into a series of packets which will be mailed out upon request. These packets include:

1. *ACCESS Fact Sheets*
2. *Asperger's Disorder*
3. *Auditory Training*
4. *Communication Devices*
5. *Circle of Friends*
6. *Diet and Autism*
7. *Discrete Trial Training Formats*
8. *Evaluation of Students with Autism*
9. *Facilitated Communication*
10. *Functional Assessment of Behavior*
11. *High Functioning Autism*
12. *Individualized Education Plans*
13. *Introduction to Autism*
14. *Parent's Packet*
15. *Language Assessment*
16. *Low/No Tech Communication*
17. *Medications and Autism*
18. *Sensorimotor Issues*
19. *Social Stories*

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Department of Education...

Center for Innovations in Special Education (CISE)

University of Missouri-Columbia, Department of Special Education
Parkade Center, Suite 152
601 Business Loop 70 West
Columbia, MO 65211-8020
(573) 884-7275 or (800) 976-CISE (Missouri only)
Fax: [573] 884=6300
http://tiger.coe.missouri.edu/~mocise

On July 1, 1994, the Center for Innovations in Special Education (CISE) was established and represents the successful merger of the Special Education Dissemination Center and the Missouri LINC programs. Our mission is to provide professional development services and resources for those who ensure all learners achieve their potential.

CISE offers a range of services, including written materials, conferences, training and resources for loan to educators in their professional growth and in the delivery of services to students with disabilities.

Missouri Technology Center for Special Education

Missouri Technology Center for Special Education
5100 Rockhill Road
School of Education, Room 24
Kansas City, MO 64110
(800) 872-7066
techctr@smtpgate.umkc.edu
http://techctr.educ.umkc.edu/welcomepage

Assistive technology redefines what is possible for students with a wide range of cognitive, sensory and physical disabilities. The mission of the Technology Center is to provide comprehensive training, products, information and support specific to computer access and augmentative communication. The center offers its services and products to educators in Missouri school districts, state education agencies, colleges and universities. Many of the Technology Center's publications and products can be found on our Web site.

State Schools for Severely Handicapped

State Schools for Severely Handicapped
P.O. Box 480
Jefferson City, Missouri 65102
(573) 751-4427

State Schools for Severely Handicapped is a statewide, public school system serving Missouri students with severe disabilities between the ages of 5 and 21 years. Many school districts serve students with moderate to severe disabilities, and the Outreach Services available through State Schools for Severely Handicapped are designed to support these efforts through staff development activities, technical assistance and the provision of resource information.

Missouri School for the Blind

3815 Magnolia Ave.
St. Louis, MO 63110-4099
(314) 776-4320

Educators look to the Missouri School for the Blind for expertise on blindness and leadership in the field of education for children with visual impairments. With their campus in St. Louis, School for the Blind provides technical assistance, assessment and information throughout the state. Through workshops and university course work, educators become more aware of the unique curriculum and assessment needs of learners who are blind or deaf/blind.

Department of Education...

Missouri School for the Deaf

505 E. Fifth St.
Fulton, MO 65251-1799
(573) 592-4000 (Voice/TDD)
sfritz@msd.k12.mo.us
www.msd.k12.mo.us

Missouri provides a well-rounded education program for the deaf children of the state through the facilities and services of the Missouri School for the Deaf (MSD). The Missouri legislature established MSD in 1851, and it is the oldest state-supported school of its kind west of the Mississippi River.

Separate facilities are provided for elementary, junior high and senior high school students, who occupy a campus of nearly 90 acres. Students are prepared for the world of work and for post-secondary education opportunities, according to each individual's potential. MSD graduates are self-supporting deaf men and women who live and work in all parts of the state and throughout the nation.

Division of Vocational Rehabilitation

3024 W. Truman Blvd.
Jefferson City, MO 65109-0525
(573) 751-3251
Fax: [573] 751-1441
TDD (573) 751-0881
www.dese.state.mo.us/divvocrehab

Vocational Rehabilitation (VR) is funded both by the federal and state government. A division of the Department of Elementary and Secondary Education, its mission is to help persons with physical or mental disabilities become employed.

VR maintains district offices throughout the state to provide direct services to individuals who receive one-on-one counseling and guidance, training, retraining and other assistance so they can achieve gainful employment.

Depending on an individual's needs, the agency can provide medical exams and treatment, artificial appliances (like limbs or hearing aids), vocational training other educational assistance and job placement help.

Department of Education...

MISSOURI DIVISION OF VOCATIONAL REHABILITATION

9/01/98

3024 West Truman Boulevard
Jefferson City, MO 65109-0525
Phone: (573) 751-3251 ▪ Fax: (573) 751-1441 ▪ TTY: (573) 751-0881

Cape Girardeau VR Office
3102 Blattner Drive, Suite 103
P.O. Box 1087 (63702-1087)
Cape Girardeau, MO 63703-2125
Phone: (573) 290-5788
Fax: (573) 290-5921
TTY: (573) 290-5385

Chillicothe VR Office
603 West Mohawk Road
P.O. Box 980 (64601-0980)
Chillicothe, MO 64601-3000
Phone: (660) 646-1542
Fax: (660) 646-9741

Columbia VR Office
409 Vandiver Dr, Bldg 5, Ste 101
Columbia, MO 65202-1563
Phone: (573) 882-9110
Fax: (573) 884-5250
TTY: (573) 882-9117

Farmington VR Office
800 Progress Drive
P.O. Box 230 (63640-0230)
Farmington, MO 63640-9157
Phone: (573) 756-5727
Fax: (573) 756-2996

Hannibal VR Office
112 Jaycee Drive
Hannibal, MO 63401-2275
Phone: (573) 248-2410
Fax: (573) 248-240

Jackson County E VR Office
4141 NE Lakewood Way
Lee's Summit, MO 64064-1704
Phone: (816) 795-0024
Fax: (816) 795-0456

Jefferson City VR Office
207 Metro Drive
Jefferson City, MO 65109-1135
Phone: (573) 751-2343
Fax: (573) 526-4474

Joplin VR Office
801 East 15th
Joplin, MO 64804-0922
Phone: (417) 629-3067
Fax: (417) 629-3148

Kansas City Downtown VR Office
615 E 13th Street, G-3, KC State Bld
Kansas City, MO 64106-2870
Phone: (816) 889-2581
Fax: (816) 889-2586

Kansas City North VR Office
310 N.W. Englewood Rd, Ste 300
Gladstone, MO 64118-0400
Phone: (816) 467-7900
Fax: (816) 467-7924

Kansas City South VR Office
1734 East 63rd Street, Room 201
Kansas City, MO 64110-3537
Phone: (816) 889-3800
Fax: (816) 889-3806

Kirksville VR Office
1412 N Osteopathy, Suite B
Kirksville, MO 63501-3581
Phone: (660) 785-2550
Fax: (660) 785-2552

Nevada VR Office
1801 West Austin
P.O. Box Drawer F (64772-0935)
Nevada, MO 64772-3971
Phone: (417) 667-5081
Fax: (417) 667-9731

Poplar Bluff VR Office
2865 James Boulevard
Poplar Bluff, MO 63901-2803
Phone: (573) 840-9550
Fax: (573) 840-9551

Rolla VR Office
1101 West Kingshighway
P.O. Box 550 (65402-0550)
Rolla, MO 65401-0550
Phone: (573) 368-2266
Fax: (573) 368-2382

St. Charles VR Office
3737 Harry S Truman Blvd Ste 400
St. Charles, MO 63301-4052
Phone: (314) 946-2788
Fax: (314) 947-6038

St. Joseph VR Office
525 Jules, Room 201
St. Joseph, MO 64501-1990
Phone: (816) 387-2280
Fax: (816) 387-2089

St. Louis Downtown VR Office
901 North Tenth Street, Suite 120
St. Louis, MO 63101
Phone: (314) 340-7926
Fax: (314) 340-7930

St. Louis North VR Office
13075 New Halls Ferry Road
Florissant, MO 63033
Phone: (314) 830-0500
Fax: (314) 830-0590

St. Louis South VR Office
Kenrick Plaza Shopping Center
7435 Watson Road, Suite 100-B
St. Louis, MO 63119-4498
Phone: (314) 962-1125
Fax: (314) 962-1359

St. Louis West VR Office
1845 Borman Court, Suite 100
St. Louis, MO 63146-4126
Phone: (314) 340-4621
Fax: (314) 340-4666
TTY: (314) 340-4656

Sedalia VR Office
2115 West Broadway
Sedalia, MO 65301-2114
Phone: (660) 530-5560
Fax: (660) 530-5567

Springfield North VR Office
819 Boonville Avenue
Springfield, MO 65802
Phone: (417) 895-5863
Fax: (417) 895-5869
TTY: (417) 895-5868

Springfield South VR Office
2550-Q South Campbell
Springfield, MO 65807
Phone: (417) 888-4242
Fax: (417) 888-4247

West Plains VR Office
3417 Division Drive, Suite 2
P.O. Box 166 (65775-1066)
West Plains, MO 65775-1818
Phone: (417) 256-8294
Fax: (417) 256-8479

Educational Rights

Children with disabilities, including autism, are covered by several federal laws, including the Individuals with Disabilities Education Act (IDEA). This law provides for a free and appropriate public education (FAPE) for every child aged 3-21 years who has an educational disability as defined by the state. Some educational rights are also protected under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973.

Every child who is eligible to receive special education and related services as defined by IDEA will receive an Individualized Education Program, or IEP. As the name implies, the educational program should be tailored to the individual student to provide educational benefit. This is important especially for children with autism because a program appropriate for one child may not be appropriate for another.

The following resources can assist parents in understanding their educational rights under IDEA:

Department of Elementary and Secondary Education,
Division of Special Education,
Special Education School Improvement
(573) 751-0699

Office of Special Education Programs (OSEP)
Education Department
400 Maryland Ave. Southwest
Mail Stop 2561
Washington, DC 20202
(202) 205-5507

The Office of Special Education Programs, OSEP, can also be a resource of information on education rights. If you have a question regarding IDEA, you may wish to write OSEP for clarification of the law.

Missouri Parents Act (MPACT)
See page 41.

MO Protection & Advocacy
See page 42.

Other Resources and Information about Educational Services in Missouri

Parent's Guide To Special Education in Missouri

This guide helps parents of children with disabilities through the special education process and assists them in working with school personnel. The guide is available through the CISE lending library (ask for Loan Package #255). The guide may also be purchased through a catalog (reference #92-0100-I) from:

Instructional Materials Laboratory (IML)
University of Missouri-Columbia
2316 Industrial Drive
Columbia, MO 65202
(800) 669-2645 Fax: [573] 882=1992

Parents as Teachers (PAT)

Parents as Teachers National Center, Inc.
10176 Corporate Square Drive, Suite 230
St. Louis, MO 63132
(314) 432-4330
Fax [314] 432=8963
www.patnc.org/home.html

Parents as Teachers (PAT) is an internationally respected family education and support program for parents with children from birth through age 5 years. The program is for all families. It is a partnership of the home, the school and the community based on the philosophy that parents are their children's first and most influential teachers.

Parents as Teachers professionals provide timely information to all families through personal visits, group meetings, screenings and a resource network. The primary goal is to empower parents to give their child the best possible start in life, laying the foundation for school and life success. Parents can call their school district to learn more about their local PAT program.

First Steps

First Steps is designed to offer coordinated services and assistance to families with young children up to age 3, who have delayed development or diagnosed conditions associated with developmental disabilities. Participation in First Steps is voluntary and is intended to help families:

- ✓ Understand their child's special needs;
- ✓ Obtain the help they desire to deal with situations that could interfere with their child's growth and development; and
- ✓ Provide the best conditions for their child's growth and development.

First Steps is a collaborative effort of four state agencies — the departments of Elementary and Secondary Education, Health, Mental Health, and Social Services. First Steps is supported by federal and state funds from four agencies and by other local and private agencies throughout Missouri.

Children are referred to First Steps through a phone call to a Regional Center for Mental Retardation or Developmental Disabilities (MR/DD) or a Bureau of Special Health Care Needs office in the area of the state where the family lives. Referrals may be made by anyone concerned about a child's development (family member, physician, parent, educator, etc.).

An evaluation is needed to establish eligibility and determine the unique developmental needs of the child and the family's needs related to the development of the child. This service is provided to the family at no cost and will be arranged by the service coordinator from the agency taking the referral. Early Intervention services listed on the Individualized Family Service Plan (IFSP) for the eligible child are provided at no cost to the family.

Other Resources and Information about Educational Services in Missouri...

Local school districts

Each school district in Missouri is responsible for the identification of students ages 3-21 years who are educationally disabled as defined by the Missouri State Plan for Special Education. The Missouri State Plan is based upon state statutes and the Individuals with Disabilities Education Act (IDEA). The following information provides a concise description of the process local districts use to identify students with autism. For a complete reference, see the State Plan for Special Education or the local district compliance plan.

Evaluation procedures for special education eligibility and diagnosis of autism

* After parents receive an evaluation of their child from a neurologist, psychologist or psychiatrist that results in a medical diagnosis of Pervasive Developmental Disorder, Asperger's, William Syndrome, Fragile X or Landau-Kleffner Syndrome (reference DSM-IV), they should contact their school district and request an educational evaluation to determine if their child is eligible for special education services.

* The educational evaluation will determine if the child meets state criteria for a special education diagnosis of autism, (see page 9 of this Guide) or some other diagnosis such as Other Health Impaired, Language Disordered, Learning Disabled, Behavior Disordered, Mental Retardation or Early Childhood Special Education.

  Although in many cases the educational diagnosis of autism will be appropriate for children with a medical diagnosis of Pervasive Developmental Disorder, Asperger's, William Syndrome, Fragile X or Landau-Kleffner Syndrome, parents should not assume that this will always be the case. The educational diagnosis of autism specifically requires the diagnostic team to:

  1. Evaluate the child's performance using specific diagnostic criteria established by the Department of Elementary and Secondary Education; and
  2. Confirm the need for special education services.

  A child may demonstrate behaviors similar to those of a person with autism but not qualify for the diagnosis of autism. However, if a child is eligible for special education, the IEP will be designed to meet the individual needs of the child, regardless of the diagnosis upon which eligibility for special education is made.

* Particularly in children manifesting milder forms of autism, parents may not have sought assistance for their child prior to enrollment in school. In these cases, school district staff may be the ones to notify the parents that a disability is suspected and request permission to conduct an educational evaluation.

  Assessments such as the Childhood Autism Rating Scale published by Western Psychological Services describe behaviors that would indicate the need for further evaluation to determine the presence or absence of autism.

  Parents must give their permission for an evaluation to be conducted after they are notified of the district's intent to evaluate. After the permission to evaluate is provided by the parent, the school will begin the evaluation. Under IDEA, parents of children with disabilities have the right to participate in all meetings with respect to the identification, evaluation and educational placement of their child.

* If a referral for an educational evaluation has been made, parents can assist the diagnostic team by providing copies of all evaluation reports prepared by medical professionals and signing release of information forms which will enable the educational staff to communicate directly with the medical staff or private agencies who have supported the family and the child.

  If a child has been evaluated previously outside the school district, copies of all evaluations, IEPs and IHPs can assist the district in its evaluation, planning and IEP development.

* The diagnostic team should include at least one member who has experience in the diagnosis and education of children with autism. A member of the diagnostic team should be trained in the area of autism in order to effectively evaluate the child in a testing situation and to be able to consult/advise other evaluators or the team in dealing with the behaviors during the testing situation.

  If the district does not have a staff member who specializes in autism, it should notify the Regional Autism Projects, Project ACCESS or the Regional Center.

Program procedures after initial diagnosis of autism

* After the initial diagnosis, an IEP is developed by the IEP team. This team consists of parents, at least one general education teacher (if child is or may be participating in general education), at least one special education teacher, a representative of the local school district, an individual who can interpret instructional implications of evaluation results, other individuals at the discretion of the parent or agency who have knowledge of the child and whenever appropriate, the child with a disability.

Training for staff and parents

* Staff who work with people with autism should receive training on the techniques and methods that have been found to be effective for persons with autism. Resources in the state of Missouri include Project ACCESS and the Regional Autism Projects.

* Parents should receive training on how to effectively increase the consistency between the home/school environment. Training for parents may be requested during the development of the IEP.

Ongoing services for autism

* The IEP team should meet and confer to proactively plan and program on an as-needed basis. The team approach should include data collection and analysis, assessment of the child's behavior and an academic/functional plan as needed. This does not always need to be a part of the IEP process, but provides an opportunity for staff to meet and collaborate as needed to maximize the child's program.

* If at any time parents have concerns about their child's program, they should feel comfortable in contacting their child's teacher to express their concerns. Parents should be aware of their rights and lines of communication within the public school system and how to access appropriate personnel when there is a concern/question.

Content of the IEP

Each IEP must contain a statement of:

- ✓ The child's present level of educational performance;
- ✓ Measurable annual goals;
- ✓ Special education/related services and supplementary aids to be provided to the child;
- ✓ Program modifications or supports for school personnel;
- ✓ How progress will be measured and how parents will be informed;
- ✓ The child's participation in state or district assessments.

The IEP also must contain:

- ✓ An explanation of the extent to which the child will not participate in the general class;
- ✓ The projected date for service initiation; and
- ✓ Transition service needs.

Local Interagency Coordinating Councils (LICCs)

Local Interagency Coordinating Councils are groups of individuals representing families, local programs, and agencies whose purpose it is to collaborate and coordinate services to young children with disabilities and their families. The establishment of LICCs is encouraged to enable early intervention service providers to develop relationships that will increase the efficiency and effectiveness of early intervention services. LICC membership is determined locally. For more information, contact the DESE Early Childhood Special Education Section at (573) 751-0187 or RELAY Missouri 1-800-735-2966 (TDD); Fax [573] 522-0585.

Local Administrators of Special Education (LASE)

LASE groups have organized around the state of Missouri to provide special education administrators a professional network for information sharing, problem-solving and support. LASE groups meet in each of the 10 regions identified by DESE for state special education supervisor assignments.

These groups usually meet monthly and are open to all interested special education administrators within the region. Often the DESE special education school improvement supervisor will attend these meetings to keep the regional administrators informed of current state-level issues and to discuss regional issues identified by the special education administrators. Meeting agendas include a wide array of topics/issues including awareness/training seminars, work sessions, interdistrict collaborative planning, problem-solving, resource sharing, legal/regulatory updates, etc.

On an annual basis, each LASE group selects a contact person to facilitate meetings and distribute information to LASE members. Call your regional special education school improvement supervisor for the current contact person.

LASE groups are an appropriate resource for disseminating information about autism; developing regional training for administrators, staff and parents; and for facilitating regional collaboration on the development of services to individuals with autism.

A Comparison of Selected Provisions of Part C and Part B of the Individuals with Disabilities Education Act (IDEA) as Implemented in Missouri

PROVISION	PART C	PART B
Age	• Birth to 36 months	• The child's 3rd birthdate to 21
Evaluation/Eligibility	To determine eligibility, a comprehensive multidisciplinary evaluation and assessment must be conducted by trained personnel and be based on informed clinical opinion. It must include a review of pertinent records related to child's current health status and medical history, as well as the child's level of functioning in the areas listed below. The assessment must identify the unique needs of the child including the identification of services appropriate to meet those needs. The family-directed family assessment is voluntary. • Children must exhibit a 50% or greater developmental delay in one or more of the following areas: cognitive, physical including vision or hearing, social/emotional, adaptive, communication; OR have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.	To determine eligibility, a comprehensive multidisciplinary evaluation must be conducted based upon the information derived from screening and alternative intervention strategies. This is documented in an evaluation conducted by qualified persons and must include an observation. The purpose of the evaluation is to determine if a disabling condition is adversely affecting the child's educational functioning, the present level of educational performance, and the educational needs of the child. Medical services for diagnostic or evaluation purposes and early identification are included in this part. • Children ages 3 and 4 must meet a "noncategorical" eligibility criteria as established by DESE; children ages 5-21 must meet the eligibility criteria for one of the disability categories as defined under PL 94-142.
Focus	• Is an intervention-oriented model that is focused on the family and child. • The departments of Elementary and Secondary Education, Health, Mental Health, and Social Services collaboratively implement the system.	• Is a deficiency-oriented model that is focused on the child. • The Department of Elementary and Secondary Education and public school districts implement the services.
Services	Requires a statewide comprehensive interagency program of Early Intervention Services (EIS) to eligible children and their families. Governor John Ashcroft named DESE as "lead agency" for the general administration, supervision, and monitoring of the Part C programs and activities. The program requires formal interagency agreements that define fiscal responsibility for each agency and procedures for resolving disputes. Part C funds may be used to pay for EIS when no other federal, state, local, and/or private funds are available.	Requires local school districts to provide special education and related services to eligible children. Special education services means specially designed instruction, at no cost to the parent, to meet the unique needs of a child with disabilities. Special education services include modification of the regular instructional program and/or special education instruction provided in resource or self-contained classrooms or homes, hospitals, or institutions. Also included are adaptive physical education

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A Comparison of Selected Provisions of Part C and Part B...

Services (continued)	EIS means services that are designed to meet the developmental needs of the child and the needs of the family related to enhancing the child's development and are selected in collaboration with the parents. To the maximum extent appropriate, EIS must be provided in the natural environments in which infants and toddlers without disabilities would participate. Early Intervention Services are: • Audiology • Occupational Therapy • Family Training, Counseling and Home Visits • Physical Therapy • Psychological Services • Health Services • Social Work Services • Speech Language Therapy • Transportation and Related Costs • Assistive Technology Services and Devices Medical Services for Diagnostic or Evaluation Purposes • Special Instruction • Vision Services • Service Coordination • Nursing Services • Nutrition Services	(including motor development), assistive technology, vocational education, community-based instruction, speech therapy, and language therapy. Related services means such developmental, corrective, and other supportive services as are required to assist the child *to benefit from special education* and includes: • Occupational Therapy • Parent Counseling and Training • Physical Therapy • Psychological Services • School Health Services • Social Work Services • Speech/Language Pathology • Special Transportation • Assistive Technology Services and Devices • Medical Services for Diagnostic or Evaluation Purposes • Orientation and Mobility • Rehabilitation Counseling Services • Recreation • Counseling Services • Transition Services
Individualized Plans	**Individualized Family Service Plan (IFSP)** • A statement of the child's present levels of development • With the concurrence of the family, the results of the family's concerns, priorities, and resources, and identification of the supports and services necessary to enhance the developmental needs of the child • A statement of the major outcomes expected to be achieved for the child and family, and the criteria, procedures, and timelines used to determine: ♦ The degree to which progress toward achieving the outcomes is being made, and	**Individualized Education Program (IEP)** • A written statement of present levels of education performance. This statement must indicate how the disability affects the child's involvement and progress in the general education curriculum or for pre-school children, the child's participation in appropriate activities • Measurable annual goals, including benchmarks or short-term objectives related to: ♦ Helping the student be involved and progress in the general curriculum, and ♦ Meeting other educational needs resulting from the disability; • Statement of special education and related

A Comparison of Selected Provisions of Part C and Part B...

Individualized Plans (continued)	♦ Whether modifications or revisions of the outcomes or services are necessary • A statement of the specific early intervention services necessary to meet the unique needs of the child and family to achieve the outcomes identified, including: ♦ Frequency, intensity, location and method of delivering the services ♦ The natural environments in which early intervention services shall be appropriately provided including a statement of justification of the extent, if any, to which the services will not be provided in a natural environment ♦ The payment arrangements if any; and, ♦ Other services not required by Part C but needed by the child and steps to secure these services from other sources • The projected dates for initiation of services and the anticipated duration of the services • The name of the Service Coordinator who will be responsible for the IFSP and coordination with other agencies and persons • Steps to be taken to support the transition of the child upon reaching the age of 3	services including: ♦ Supplementary aids and services or program modifications to be provided to the child or on behalf of the child ♦ Supports for school personnel • The projected date(s) for the initiation of special education, related services and modifications • A statement of the location, frequency and duration for each special education and related service to be provided, as well as for any modifications or supports that will be provided • Statement of the extent to which the child will not participate in the general class or the general education curriculum • Statement concerning the student's participation in general state- and district-wide assessments of student achievement, including: ♦ Accommodations for participation ♦ If the IEP team has determined it is not appropriate for the child to participate, the IEP must state why the assessment is not appropriate and how the student will be assessed • By age 14, and updated annually, a statement of transition service needs focusing on the student's course of study • By age 16, a statement of needed transition services, including a statement of the interagency responsibilities or any needed linkages • Statement of how progress toward annual goals will be measured and how this will be reported to parents • Statement indicating that the student has

Individualized Plans (continued)		been informed of the rights that will transfer to him/her under Part B upon reaching the age of majority (in the state of Missouri this age is 18).
Due Process	For a complete description, the reader should reference the State Application for Part C under the Individuals with Disabilities Education Act. Parents have the right to resolve concerns about the child's evaluation or the services that the family is receiving. A request of resolution may arise from the proposal or refusal of a state agency or service provider to initiate or change the identification, evaluation, or placement of the child, or the services provided. Mediation is offered prior to a hearing. To initiate due process, parents submit a written statement of their concerns to DESE. A hearing is held and resolution occurs within 30 days. • The meeting is conducted by an impartial hearing officer who is knowledgeable of services for infants and toddlers. • A record of the proceedings is maintained and cross-examination is permitted. • The hearing officer listens to the presentations of the parties involved, examines relevant information, and reaches a resolution. • The hearing officer's decision is made within 30 calendar days after receipt of the concerns. A later time may be agreed upon by both parties. During these proceedings, unless otherwise agreed to by the parties, children continue to receive the appropriate early intervention services currently provided. If applying for initial services, children will receive the services not in dispute. If there is a disagreement with the final decision, parties have the right to bring a	For a complete description, the reader should reference the Missouri State Plan for Special Education. Parents or a public agency may initiate due process concerning the proposed action of the agency to initiate or refuse to initiate or change the identification, evaluation, or educational placement of the child or the provision of a free appropriate public education to the child. These rights shall be assured through the procedures outlined for resolution conferences and local-level hearing panels. Mediation is offered prior to a hearing. There are provisions for expedited hearings in limited circumstances involving 45 day placements for possession of weapons and possession, use or sale of drugs. **Resolution Conference** The resolution conference is conducted by the chief administrative officer of the school district or a designee. The resolution conference is informal. Both the school staff and the parents have the right to call witnesses, question witnesses, and present any written or oral information which pertains to the action. The resolution conference must be held and the decision issued within 10 days from the date of the request. The timeline may be extended by mutual agreement. Parents can waive the right to a resolution conference and request a state level hearing panel (three-member hearing panel). During the time period in which the panel is being empowered, the district has two options: • Conduct the resolution conference; or, • Waive the resolution conference.

A Comparison of Selected Provisions of Part C and Part B...

Due Process (continued)	civil action. This action may be brought in any state court or in federal district court.	**State Level Hearing Panel** Appeal of the resolution conference decision is to the state board of education. A panel of three individuals is empowered, one member designated by the school, one member designated by the parents or guardian, and the chair (third member) appointed by DESE. Each member must be determined to be impartial and be knowledgeable of students with disabilities. The hearing panel must be empowered within 15 days of the date of receipt of or the request for a three-member hearing panel if the parents waive their right to a resolution conference. The hearing panel must conduct the hearing and render a written decision within 45 days of the date the request was received. The decision timeline may be extended, upon request of either party, by the hearing panel chairperson. **Court** Appeal is through the state circuit court or federal district court.
Integration	**"Natural Environments"** To the maximum extent appropriate, services are provided in natural environments, including the home and community settings, in which children without disabilities participate. Natural environments means settings that are natural or normal for the child's age peers who have no disability.	**"Least Restrictive Environment"** To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are nondisabled; and, that special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

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Missouri Department of Mental Health

P.O. Box 687
Jefferson City, MO 65102-0687
(573) 751-4122
Fax [573] 751=8224
www.modmh.state.mo.us/modmh.htm

Mission and Vision

State law provides for three principal missions for the Department of Mental Health (DMH):

(1) The prevention of mental disorders, developmental disabilities and substance abuse;

(2) The treatment, habilitation and rehabilitation of Missourians with those conditions; and

(3) The improvement of public understanding and attitudes about mental disorders, developmental disabilities and substance abuse.

The department's vision statement, known as "**Lives Beyond Limitations**," asserts that Missourians shall be free to live their lives and pursue their dreams beyond the limitations of mental illness, developmental disabilities and alcohol and other drug abuse.

Missouri Department of Mental Health...

Mental Health Commission

A seven-member Mental Health Commission is responsible for appointing the director of the Department of Mental Health with the confirmation of the Senate. Commissioners are appointed to staggered four-year terms by the governor, again with Senate confirmation. The commissioners serve as principal policy advisors to the director of DMH. In this capacity, the commissioners have considerable influence and authority in establishing, in conjunction with the DMH director, and director of the Division of Mental Retardation and Developmental Disabilities (MR/DD), policy and direction in the provision of services and supports for all individuals with developmental disabilities in Missouri.

Division of Mental Retardation and Developmental Disabilities

(573) 751-4054
Fax: [573] 751-9207

The Division of Mental Retardation and Developmental Disabilities (MR/DD) is responsible for the provision of services and supports to individuals with diagnosed developmental disabilities whose:

* Onset has occurred before the age of 22 years;
* Developmental disability results in substantial limitations in their ability to function independently;
* Disability is expected to continue indefinitely.

The director is responsible for planning, developing, implementing and evaluating an array of programs and services that are either operated directly by the MR/DD or purchased from community-based service providers from whom the division contracts. In addition to the director, deputy district directors are responsible for overseeing the provision of MR/DD programs and services in each of four geographical areas of the state. Further leadership responsibilities are designated at the regional center level, where 11 regional center directors have responsibility for program and service development, implementation and monitoring at the local/regional level.

Regional centers

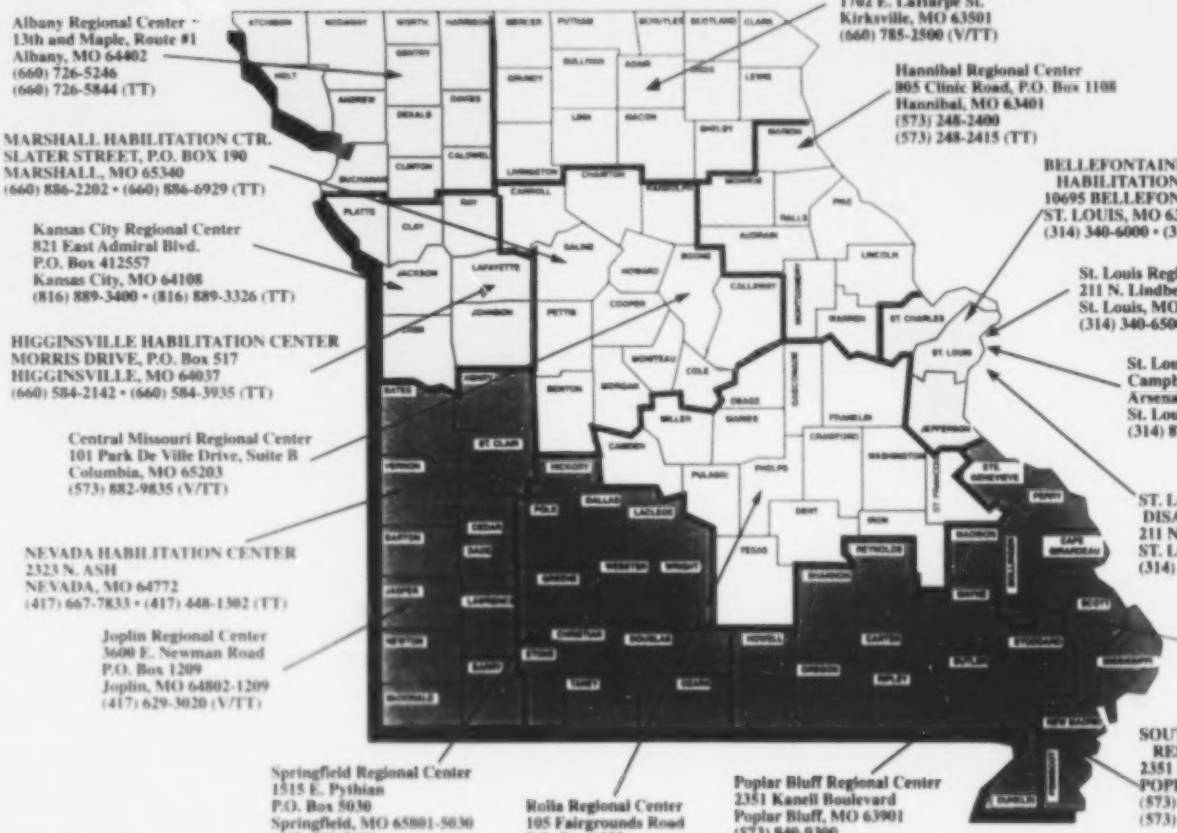
The Division of MR/DD operates 11 regional centers that purchase or provide specialized services for persons with developmental disabilities. The division's regional centers serve as the primary points of entry into the MR/DD system. They determine eligibility for division services, provide intake and assessment services and deliver case management services that include coordinating and monitoring each eligible consumer's Individual Habilitation Plan (IHP). Regional center case managers have responsibility for working with the consumer's IHP team using person-centered planning approaches to determine needed services and supports. There is no minimum age requirement for eligibility for MR/DD services. For example, many families of very young children with autism, as well as family members whose adult children with autism are still living at home, access respite care services through MR/DD. Through the division's Purchase of Service and Residential Placement programs, as well as through Missouri's Medicaid Program and other specialized programs, services and supports can be purchased and provided. Refer to the map on page 36 for a listing of the regional centers.

Habilitation centers

The division's six habilitation centers provide residential placement and other habilitation services for individuals who have been labeled as experiencing more severe disabling conditions, most typically associated with severe health-related problems or seriously challenging behavior problems. Refer to the map on page 36 for a listing of the habilitation centers.

Division of Mental Retardation and Developmental Disabilities

Regional Centers and Habilitation Centers (by District)



Albany Regional Center
13th and Maple, Route #1
Albany, MO 64402
(660) 726-5246
(660) 726-5844 (TT)

Kirksville Regional Center
1702 E. LaHarpe St.
Kirksville, MO 63501
(660) 785-2500 (V/TT)

Hannibal Regional Center
805 Clinic Road, P.O. Box 1108
Hannibal, MO 63401
(573) 248-2400
(573) 248-2415 (TT)

MARSHALL HABILITATION CTR.
SLATER STREET, P.O. BOX 190
MARSHALL, MO 65340
(660) 886-2202 • (660) 886-6929 (TT)

BELLEFONTAINE HABILITATION CENTER
10695 BELLEFONTAINE ROAD
ST. LOUIS, MO 63137
(314) 340-6000 • (314) 340-6290 (TT)

Kansas City Regional Center
821 East Admiral Blvd.
P.O. Box 412557
Kansas City, MO 64108
(816) 889-3400 • (816) 889-3326 (TT)

St. Louis Regional Center-North
211 N. Lindbergh
St. Louis, MO 63141
(314) 340-6500 • (314) 340-6659 (TT)

HIGGINSVILLE HABILITATION CENTER
MORRIS DRIVE, P.O. Box 517
HIGGINSVILLE, MO 64037
(660) 584-2142 • (660) 584-3935 (TT)

St. Louis Regional Center-South
Campbell Plaza, 59th and
Arsenal Street, Suite 1B
St. Louis, MO 63139
(314) 877-0000 • (314) 877-0081 (TT)

Central Missouri Regional Center
101 Park De Ville Drive, Suite B
Columbia, MO 65203
(573) 882-9835 (V/TT)

ST. LOUIS DEVELOPMENTAL DISABILITIES TREATMENT CENTERS
211 NORTH LINDBERGH
ST. LOUIS, MO 63141-7809
(314) 340-6702 • (314) 340-6659 (TT)

NEVADA HABILITATION CENTER
2323 N. ASH
NEVADA, MO 64772
(417) 667-7833 • (417) 448-1302 (TT)

Sikeston Regional Center
112 Plaza Drive
P.O. Box 966
Sikeston, MO 63801
(573) 472-5300
(573) 472-5391 (TT)

Joplin Regional Center
3690 E. Newman Road
P.O. Box 1209
Joplin, MO 64802-1209
(417) 629-3020 (V/TT)

SOUTHEAST MISSOURI RESIDENTIAL SERVICES
2351 KANELL BOULEVARD
POPLAR BLUFF, MO 63901
(573) 840-9370
(573) 840-9312 (TT)

Springfield Regional Center
1515 E. Pythian
P.O. Box 5030
Springfield, MO 65801-5030
(417) 895-7400
(417) 895-7430 (TT)

Rolla Regional Center
105 Fairgrounds Road
P.O. Box 1098
Rolla, MO 65401
(573) 368-2200 (V/TT)

Poplar Bluff Regional Center
2351 Kanell Boulevard
Poplar Bluff, MO 63901
(573) 840-9360
(573) 840-9312 (TT)

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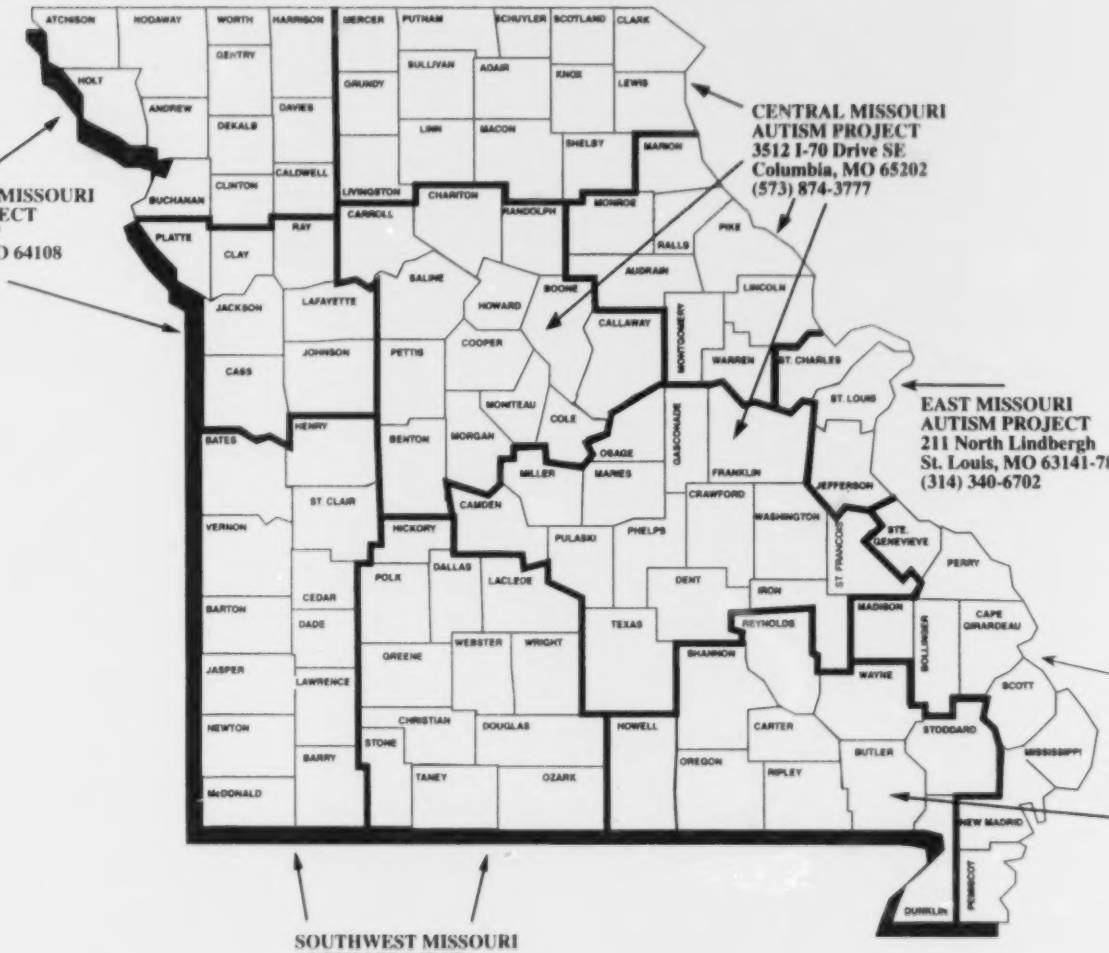
Autism projects

The Department of Mental Health's Division of MR/DD funds five regional autism projects that collectively provide services to approximately 1,000 families statewide. Individuals are referred to their autism projects through their regional center. The five regional autism family support projects are the:

1. **Central Missouri Autism Project**
   The Judevine Center for Autism serves families in 49 counties
2. **Southeast Missouri Autism Project**
   The Judevine Center for Autism serves families in 19 counties
3. **Northwest Missouri Autism Project**
   The Northwest Missouri Autism Project serves families in 19 counties
4. **Southwest Missouri Autism Project**
   The Judevine Center for Autism serves families in 24 counties
5. **East Missouri Autism Project**
   Serves families in St. Louis City and the counties of St. Louis, St. Charles and Jefferson

All of the regional projects have been developed by parents and other family members of individuals with autism/PDD and are monitored by Parent Advisory Committees. In addition, a state-level Missouri Autism Advisory Committee comprised of parent representatives from the five regional projects develops statewide policies to ensure project unity, communication and coordination with other agencies. The Division of MR/DD also sponsors an annual National Symposium on Autism attended by upwards of 800 parents and professionals from Missouri and adjoining states.

Division of Mental Retardation and Developmental Disabilities
Autism Projects



NORTHWEST MISSOURI AUTISM PROJECT
P.O. Box 412557
Kansas City, MO 64108
(816) 889-3400

CENTRAL MISSOURI AUTISM PROJECT
3512 I-70 Drive SE
Columbia, MO 65202
(573) 874-3777

EAST MISSOURI AUTISM PROJECT
211 North Lindbergh
St. Louis, MO 63141-7809
(314) 340-6702

SOUTHEAST MISSOURI AUTISM PROJECT
1636 Independence
Cape Girardeau, MO 63701
(573) 339-9300

SOUTHWEST MISSOURI AUTISM PROJECT
2550 South Campbell, Suite 300
Springfield, MO 65807
(417) 890-1399

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BEST COPY AVAILABLE

Missouri Planning Council for Developmental Disabilities

PO Box 687
Jefferson City, MO 65102
(573) 751-8611
(800) 500-7878

The Missouri Planning Council for Developmental Disabilities serves as the planning and development arm of the developmental disabilities system. It serves to create new realities, research issues and try innovative ways to generate change in the service system.

The 22-member Missouri Planning Council is one of a national network of state planning and advocacy councils that carry out the Developmental Disabilities Basic State Grant Program authorized by the Developmental Disabilities Assistance and Bill of Rights Act, as amended in 1994 by P.L. 103-9230. In addition to federal law, the Missouri Planning Council is also set up by state law to serve as the advisory council to the Division of MR/DD. Eleven regional advisory councils are funded through the Missouri Planning Council to serve as local advocates and advisors. They too are reflected in state statute and are coterminous with the division's regional center service areas. Most Missouri Planning Council activities are carried out in cooperation with the regional councils.

The Missouri Planning Council is required by federal law to focus its planning and advocacy in specific "priority areas." These must include employment and can include child development, community living, systems coordination/ community education and state priority areas. The council has selected employment, child development (prevention), community living (family and individual support) and the regional council network as the state priority areas.

Regional Advisory Councils

Eleven regional developmental disabilities councils were organized in the early 1970s to serve as "grass roots" planners, advisors and advocates concerning service provision for developmentally disabled citizens. The regional councils are coterminous with regional center service areas and act in an advisory capacity to the centers. Since 1974, regional councils have been staffed through federal developmental disabilities subgrants. Each is a not-for-profit corporation which employs and supervises its own staff.

Activities of the regional councils include, but are not limited to:

* Provision of technical assistance to developmental disabilities subgrant applicants and other agencies;
* Involvement in "S.B. 40" passage;
* Data collection, needs assessment and planning;
* Stimulation of consumer groups and vendor service boards;
* Promotion of interagency agreements;
* Advocacy;
* Monitoring and evaluation of programs and services;
* Training;
* Legislative activities;
* Recruitment of volunteers; and
* Provision of planning, advisory and advocacy feedback to the Missouri Planning Council and the Department of Mental Health.

Missouri Department of Mental Health...

11 Regional Advisory Councils...

Region I Council on DD
c/o Albany Regional Center
13th and Maple, P.O. Box D
Albany, MO 64402
(806) 726-5246

Region XI Adv. Council on DD
St. Louis Regional Center
211 N. Lindbergh
St. Louis, MO 63141-7809
(314) 340-6702

Region III DDA Council of MO
c/o Hannibal Regional Center
805 Clinic Road, P.O. Box 1108
Hannibal, MO 63401
(573) 248-2400

Missouri Region II Planning and Coordinating Council for DD
1702 E. LaHarpe
Kirksville, MO 63501
(660) 626-1267

Region V Council on DD
c/o Joplin Regional center
3600 East Newman Road
P.O. Box 1606
Joplin, MO 64802
(417) 781-3750

Metropolitan Council on DD
c/o Kansas City Regional Center
821 E. Admiral Blvd.
P.O. Box 412557
Kansas City, MO 64141

Region VII Council on DD
c/o Rolla Regional Center
105 Fairgrounds Road
P.O. Box 1098
Rolla, MO 65402
(573) 368-2200

Region VI Council on DD
1515 E. Pythian
P.O. Box 5030
Springfield, MO 65802
(417) 895-7468

Sikeston Reg. Council on DD
c/o Sikeston Regional Center
P.O. Box 596, 112 Plaza Drive
Sikeston, MO 63801
(573) 472-1711

Poplar Bluff Regional Council on DD
c/o Poplar Bluff Regional Center
2351 Kanell Blvd.
Poplar Bluff, MO 63901
(573) 785-3856

Region X Council on DD
Central Missouri Regional Center
101 Park DeVille #B
Columbia, MO 65203
(573) 445-5990

Missouri Parents Act

Missouri Parents Act (MPACT) is a parent support agency which provides training and information on legal issues in education and developmental disabilities. There are six MPACT offices.

Southwest-Springfield
2100 S. Brentwood, Suite G
Springfield, MO 65804
(800) 743-7634
(417) 882-7434

Jefferson City
Administrative Office
208-I E. High Street
Jefferson City, MO 65102
(573) 635-1189

Kansas City Metro
3100 Main St., Suite 303
Kansas City, MO 64111
(816) 531-7070

Southeast-Sedgewickville
Route 2, Box A95
Sedgewickville, MO 63781
(573) 866-3292

North-Savannah
601 W. Main
Savannah, MO 64485
(816) 324-7046

St. Louis Metro
4144 Lindell Blvd., Ste. 405
St. Louis, MO 63108
(800) 995-3160
(314) 531-5922

Missouri Protection and Advocacy Services (MOPAS)

Missouri Protection and Advocacy (MOPAS) is a private, not-for-profit corporation to protect and advocate for person with disabilities. There are three MOPAS offices, with locations in Kansas City, St. Louis and Jefferson City.

Kansas City
3100 Main St., Suite 305
Kansas City, MO 64111
(800) 233-3959

Jefferson City
925 S. Country Club Drive, Suite 106
Jefferson City, MO 65109
(800) 392-8667

St. Louis
200 S. Hanley, Suite 1030
Clayton, MO 63105
(314) 725-1550
(800) 233-3958

Parent/Professional Organizations

American Association on Mental Retardation – AAMR

444 N. Capital NW, Suite 846
Washington, DC 20009-2683
(202) 387-1968
(800) 424-3688

The American Association on Mental Retardation (AAMR) is the oldest and largest interdisciplinary organization of professionals and others concerned about mental retardation and related disabilities. AAMR's mission is to advance the knowledge and skills of professionals in the field of mental retardation by exchanging information and ideas.

Association for Persons with Severe Handicaps – TASH

11201 Greenwood Ave. North
Seattle, WA 98133
(206) 361-8870

Missouri TASH

University of Missouri-Kansas City (UMKC), UAP
(816) 235-1745

The Association for Persons with Severe Handicaps (TASH) is an international advocacy association of people with disabilities, their family members, other advocates and people who work in the disability field. TASH believes that no one with a disability should be forced to live, work or learn in a segregated setting; that all individuals deserve the right to direct their own lives. TASH's mission is to eliminate physical and social obstacles that prevent equity, diversity and quality of life.

Council for Exceptional Children - CEC

1920 Association Drive
Reston, VA 22091-1589
(703) 620-3660
(800) 845-6232

The Council for Exceptional Children (CEC) is a large international professional organization dedicated to improving educational outcomes for individuals with exceptionalities. Parents can join as associate members and receive information, advice and support.

Local Administrators of Special Education – LASE

LASE groups have organized around the State of Missouri to provide special education administrators a professional network for information sharing, problem-solving and support. LASE groups meet in each of the 10 regions identified by DESE for state special education supervisor assignments. These groups usually meet monthly and are open to all interested special education administrators within the region. Often, the DESE Special Education School Improvement supervisor will attend these meetings to keep the regional administrators informed of current state level issues and to discuss regional issues identified by the special education administrators. Meeting agendas include a wide array of topics/issues including awareness/training seminars, work sessions, interdistrict collaborative planning, problem-solving, resource sharing, legal/regulatory updates, etc.

On an annual basis, each LASE group selects a contact person to facilitate meetings and distribute information to LASE members. Call your regional special education school improvement supervisor for the current contact person.

LASE groups are an appropriate resource for disseminating information about autism; developing regional training for administrators, staff and parents; and for facilitating regional collaboration on the development of services to individuals with autism.

Libraries and Information Resources

Missouri Developmental Disabilities Resource Center

2220 Holmes, Room 344, UMKC
Kansas City, MO 64108
(800) 444-0821
www.moddrc.com

The Missouri Developmental Disabilities Resource Center exists to provide families, persons with developmental disabilities and professionals in the field the most current and useful information about developmental and low-incidence disabilities.

NICHCY National Information Center for Children and Youth with Disabilities

P.O. Box 1492
Washington, DC 20013-1492
(202) 884-8200
(800) 695-0285
www.nichy.org

NICHCY provides free information to assist parents, educators, caregivers, advocates and others in helping children and youth with disabilities become participating members of the community.

Project ACCESS Loan Library

(417) 836-6755
Fax: [417] 836=4118
shb793t@vma.smsu.edu
www.smsu.edu/Access/library.html

Project ACCESS has an extensive library of books, videotapes, audiotapes and tests relevant to autism. Up to three items may be checked out by anyone for up to three weeks. The only cost to borrowers is return postage. Resource directories are available for purchase.

CISE Loan Library

(800) 976-CISE (MO only)
(573) 884-7275
Fax: [573] 884=6300
mocise@muccmail.missouri.edu
http://tiger.coe.missouri.edu/~mocise

The Center for Innovations in Special Education (CISE) provides a variety of professional development services and resources, including conferences, workshops, a speaker/consultant directory, a free lending library, modules, fact sheets and an information request service. Registration information, product flyers and a loan catalog are available at the numbers above.

Wolfner Library for the Blind and the Physically Handicapped

Missouri State Information Center
P.O. Box 387
600 W. Main
Jefferson City, MO 65102
(800) 392-2614
Fax: [573] 526=2985
(800) 347-1379 (TDD)

The Wolfner Library circulates more than 300,000 fiction and nonfiction books and magazines for individuals with disabilities of all ages. Materials are available in Braille, recorded cassettes, records and large print format. The library provides free mail service and answers reference questions.

Autism Resources on the Internet

The following list of World Wide Web (WWW) resources represent a tiny sample of the plethora of information available regarding autism. Please note that each of the Web pages below include numerous links to equally well-designed and informative autism sites. Use these pages as a starting point in your quest to find specific information related to autism.

Organizations – national and international

The Center for the Study of Autism (CSA)
www.autism.org

National Alliance for Autism Research
www.naar.org

CAN – Cure Autism Now
www.canfoundation.org

National Autistic Society – United Kingdom
www.oneworld.org/autism_uk

NICHCY
www.nichcy.org

Publications

AUTISM: The International Journal of Research and Practice
www.sagepub.co.uk/journals/details/aut.html

Future Horizons – Publications for Autism
http://biz.onramp.net/autism

Inclusion Press International
www.inclusion.com

Beach Center on Families and Disability
www.lsi.ukans.edu/beach/beachhp.htm

The National Transition Alliance for Youth with Disabilities
www.dssc.org/nta

Links to Links on Autism

Doris Rapp Homepage
www.drrapp.com

Bibliography on Autism
www.lewisham.gov.uk/volorgs/alas/biblio.html

Siblings Issues (Meyer's page) – The Sibling Support Project
www.chmc.org/departmt/sibsupp

John Wobus – Syracuse University Autism Resources
http://web.syr.edu/~jmwobus/autism

The Autism Resource Guide
http://pages.prodigy.com/dporcari/index.html

Family Village – Autism
www.familyvillage.wisc.edu/lib_autm.htm

Facilitated Communication Institute
http://soe.web.syr.edu/thefci

Division TEACCH – Treatment and Education of Autistic and Related Communication Handicapped Children
www.unc.edu/depts/teacch

Judevine Southwest Missouri
http://web.getonthe.net/~rsanders/judevine

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Listservs or "mailing lists"

If an e-mail account is your primary access to the Internet, there are many ways in which you can still keep abreast of the most current information relating to autism. Becoming a member of a listserv is probably the most efficient way to both ask and answer questions about autism.

A listserv is an automated mailing list to which a group of people send messages. These messages are distributed to all of the other people on that list. The result is a running conversation on that particular mailing list's topic. There are listservs for virtually every interest group. The following is a summary of mailing lists which deal with issues related to autism. Instructions about how to access each mailing list are included in its description.

ANI-L

Autism Network International — for self advocates. ANI-L is for sharing among autistic people and those close to them, and for promotion of autistic civil rights. To subscribe, send a message with a blank subject line to Listserv@utkvm1.utk.edu. In the body, write: *subscribe ANI-L yourfirstname yourlastname*. Once subscribed, write to ANI-L@utkvm.utk.edu to post a message.

AUTINET

AUTINET is an open, unmoderated discussion list on autism, especially High-Functioning Autism (HFA) and Asperger's Syndrome. Its aim is to be a point of unity among people with autism/Asperger's, their parents and careers, and psychiatrists, psychologists and researchers in the field. To subscribe send a message to autinet-request@iol.ie. In the subject line of an otherwise empty message write: *subscribe*.

AUTISM

AUTISM is the autism and developmental disabilities list. To join, send a message with a blank subject line to Listserv@sjuvm.stjohns.edu. In the body of the message, type: *subscribe autism yourfirstname yourlastname*. Once subscribed, write to autism@sjuvm.stjohns.edu to post a message.

ME-List

The ME-List is a private mailing list forum for discussion of "Lovaas" therapy for autism and related disorders. To join to this list, send a short note to Ruth Allen giving your specific reason for interest in this topic at rallen@indyvax.iupui.edu.

AS/PDD/HF

Autism/Asperger's Syndrome/Pervasive Developmental Disorder/and High-Functioning Autism. This list is a moderated listserv support group for families of persons with AS/PDD/HF autism. To join, send a message to Barb Kirby at Bkirby914@aol.com. Include a note explaining that you would like to join the AS/PDD/HF autism list.

PAN-L

The Parents and Autistic Network List. This is a private e-mail list of people who are autistic and parents of people who are autistic. To join, send an e-mail message to cas@scorch.hna.com.au. Include information stating why you would like to join PAN-L.

DIET

The DIET mailing list is for discussion of diets for autistic children, such as gluten/casein free, Sara's Diet and no-yeast and allergy diets. If you would like to receive the mailing list, send an e-mail message to jcress@sound.net. In the subject line, type: *diet*.

InLv

Independent Living. For adults with autism, AS, PDD, AD(H)D or Tourette's. To join, send an e-mail message to martijn@inlv.demon.nl saying that you would like to join and why.

Autism Organizations

Autism Society of America
(800) 3-AUTISM
www.autism-society.org

ASA Information Packages

One of the Autism Society of America's primary missions is to provide information and support for individuals, families and professionals dealing with autism. To help individuals access information relevant to their situation, the ASA distributes a series of 21 information packages on a variety of topics in autism. Members can order all of these packages for free.

- *Adult Residential Options*
- *Asperger's Syndrome*
- *Auditory Training*
- *Challenging Behaviors*
- *Determining an Appropriate Educational Placement*
- *Introduction to the Effects of Diet*
- *Early Intervention*
- *Educating Children About Autism*
- *Educational Rights*
- *Employment and Adults with Autism*
- *Facilitated Communication*
- *Getting Started*
- *The IEP: Writing an Individualized Education Plan*
- *Insurance*
- *Introduction to High-Functioning Autism*
- *List of Autism Related Books*
- *List of Autism Related Newsletters*
- *List of Autism Related Videos*
- *Medications*
- *Pervasive Developmental Disorder*
- *Transition: Planning for Life After High School*

National Conference on Autism

Each summer the ASA holds a National Conference on Autism, a national forum for the presentation of important field studies as well as networking, information exchanges and interaction among individuals interested in the well-being of children of adults with autism. With an average attendance of 2,000 participants, ASA's conference is the largest single source of ground-breaking information for parents, professionals, service providers and legislators.

Mail Order Bookstores

Over 100 titles on autism are available through the North Carolina and Michigan Autism Society of America chapter bookstores.

Autism Society of N. Carolina	**Autism Society of Michigan**
505 Oberlin Rd., Suite 230	809 Center St., Suite 8A
Raleigh, NC 27605	Lansing, MI 48906-5257
(919) 743-0204	(517) 487-9260
Fax: [919] 743=0208	(800) 223-6722

FAX-On-Demand Service
(800) FAX-0899

Through this innovative FAX-On-Demand system, individuals can access information on autism and the ASA, 24 hours a day, seven days a week.

The following is a list of documents that are available through FAX-On-Demand:

Advocate Newsletter Information

#851 *Guidelines for Article Submission to the Advocate*

Autism and Autism Related Information

#300 *What is Autism*
#301 *Autism Checklist*
#302 *Getting Started Package (New Diagnosis)*
#303 *Asperger's Syndrome Package*
#305 *Introduction to High-Functioning Autism*

#306 *Landau-Kleffner Syndrome Information*
#320 *Auditory Training Package*
#321 *Facilitated Communication Package*
#322 *Early Intervention Package*
#323 *Medications Package*
#324 *Introductions to the Effects of Diet*
#330 *Educating Children with Autism Package*
#331 *Educational Placement Package*
#333 *Writing an IEP*
#334 *Options to Meet the Challenges of Autism*
#335 *Challenging Behaviors Package*
#340 *Insurance Issues Package*
#350 *North Carolina Chapter Bookstore List*
#351 *Michigan Chapter Bookstore List*
#361 *Communication Devices List*
#362 *Computer Software/Hardware List*
#370 *Autism Information Packages Order Form*
#371 *Autism Law Enforcement Cards Order Form*

Autism Society of America Information

#700 *ASA Services and Benefits*
#701 *Scholarships and Awards*

Chapter Information

#750 *How to Start a Local Chapter*

Government Affairs Information

#550 *Watching Washington* (March/April 1997)
#551 *MEMO Re: IDEA Reauthorization*

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Autism Society of America Foundation

(800) 328-8476 ext. 102

The latest step in ASA's long-term commitment to autism research, the Autism Society of America Foundation, founded in 1996, is committed to discovering the cause and cure of autism through funding biomedical research as well as research into treatments, education and social issues affecting autism.

Autism Network International

P.O. Box 448
Syracuse, NY 13210-0048
www.students.uiuc.edu/~bordner/ani.html

ANI is a support group for individuals with autism. It has a newsletter, *Our Voice*, and an online list service for individuals with autism/Asperger's Syndrome for which membership in ANI is not required.

Adults Gathering, United and Autistic

c/o 914 Westwood Blvd. #160
Los Angeles, CA
gnewport@medicine.medsch.ucla.edu
Kbrewer377@aol.com

Founded in April 1993, AGUA is a support group for adults diagnosed with autism, Asperger's Disorder or for those receiving a professional referral, who designates AGUA as a suitable activity. Members of AGUA are responsible for their own safety and behavior at AGUA events and should bring a paid aide if needed.

AGUA members are active in the autism community and community at large. They have spoken at conferences, consulted on self-advocacy films and participated in activities of People First, Unique People's Voting Project and Partners in Policymaking. Members also regularly provide in-service training on inclusion for school districts. The main purpose of AGUA, however, is mutual support, sharing of experience and coping strategies. People who live too far away to attend may be pen pals by writing to AGUA. The meetings are monthly.

Local Missouri Chapters of ASA and Support Groups

Judevine Autism Support Group/Sibling Support Group
9455 Rott Road
St. Louis, MO 63127
(314) 849-4440
Fax: [314] 849-2721

United Services for the Handicapped Autism Support Group
4140 Old Mill Parkway
St. Peters, MO 63376
(314) 926-2700
(314) 447-4777
Fax: [314] 447-4919

Giant Steps of St. Louis Autism Support Group
1240 Dautel
St. Louis, MO 63146
(314) 692-7181
Fax: [314] 692-7181

Chapter 287
Southwest Missouri Chapter of ASA
809 Terrace Drive
Aurora, MO 65605
(417) 678-3900

Chapter 512
Western Missouri Chapter of ASA
8103 Spring Valley
Raytown, MO 64138
(816) 353-7560
Fax: [816] 353-7560

Chapter 194
ASA St. Louis Chapter
1653 Twin Oaks Drive
Arnold, MO 63010
(314) 296-3981
Fax: [314] 296-3981

Special School District
St. Louis County
Town & Country, MO 63131
(314) 569-8436
(314) 569-8428

Missouri FEAT (MO FEAT)
www.feat.org/feat/resources/mofeat.htm

Nonprofit Organizations with Associated Resources

Easter Seals

Southeast Region in Cape Girardeau:	(573) 335-3377
Central Region in Columbia:	(573) 875-4774
Southwest Region Springfield:	(417) 882-6500
Kansas City Region:	(816) 931-3540
St. Louis Region:	(314) 776-1996

Explanation of services...

- Parent-Child Early Intervention Program (birth to age 3)
- Developmental classes
- Home visits
- Parent education
- Therapy Department: speech therapy, occupational therapy, physical therapy
- Outpatient clinic: speech therapy to children through age 12
- Computer assistive technology center (to assist communication)
- After-school recreational program
- Evening respite program
- School contacts — adaptive program to help with inclusion setting
- Teacher training for assistive technology
- Membership program (loan component for hardware, software and adaptive equipment)

March of Dimes

St. Louis:	(314) 961-1164	Cape Girardeau:	(573) 651-6033
Joplin:	(417) 781-5443	Jefferson City:	(573) 635-5350
Kansas City:	(816) 561-0175	Springfield:	(417) 889-9397
St. Joseph:	(816) 238-8707		

Explanation of services...

- Genetics curriculum for use in elementary schools
- Information referral service
- Speakers bureau: coping with developmental disabilities
- Video: "Same on the Inside"

Variety Club

St. Louis: (314) 821-8184

Explanation of services...

- Provide support for 162 agencies in the St. Louis area
- Purchase medical equipment for individuals with disabilities

United Way

(800) 427-4626

Explanation of services...

- Funding source for agencies which help children with disabilities

Missouri Technology Center for Special Education

- (see listing under DESE, p. 21 of this guide)

Technology Resources

Missouri Assistive Technology Project

Funded by a grant from the United States Department of Education through the Governor's Council on Disability, the mission of the Missouri Assistive Technology Project is to increase access to assistive technology for all Missourians with disabilities.

The Project supports the operation of outreach centers in several cities throughout Missouri. Each of the centers provides a showroom of assistive technology devices enabling hands-on demonstration that will help consumers become active participants in identifying assistive technology to meet their needs.

For more information contact:

Missouri Assistive Technology Project

4731 South Cochise, Suite 114
Independence, MO 64055
(816) 373-5193
(800) 647-8557
(800) 647-8558 (TDD)

Show-Me Tech – Services for Independent Living

1301 Vandiver Drive, Suite S
Columbia, MO 65202
(573) 874-1646
(800) 405-1646

Center for Assistive Technology

3100 Main, Suite 303
Kansas City, MO 64111
(816) 931-2121

ACTT Demonstration Center

Southwest Center for Independent Living
1856 E. Cinderella
Springfield, MO 65804
(417) 886-1188
(800) 676-7245

St. Louis Technology Access Center

12110 Clayton Road
St. Louis, MO 63131
(314) 569-8404

Diagnostic Clinics

Children's Mercy Hospital Pervasive Developmental Disorders Clinic

2401 Gillham Road
Kansas City, MO 64108-9883
(816) 234-3654

This clinic is conducted weekly on Thursday mornings from 9:00 to noon. The departments of Medicine, Occupational Therapy (OT), and Hearing and Speech collaborate to provide a multidisciplinary approach to evaluate young children up to the age of 6 years old who have a diagnosis of autism spectrum disorder. Team members include a clinical psychologist, developmental pediatrician, Speech Language Pathologist (SLP) and OT. Audiology, neurology and genetic testing/counseling resources also are available. Assessments and recommendations are provided in the areas of cognitive and academic functioning, adaptive behavior, challenging behavior, sensory processing, occupational therapy and speech and language therapy. Parents, caregivers and other invited guests may observe the assessment process through a one-way mirror. Evaluations are typically videotaped with parental consent. The Children's Mercy Hospital will work with families to bill private insurance or Medicaid for the costs of evaluation. Financial assistance also may be available for families not covered by the above.

University of Kansas Medical Center's Child Development Unit

3901 Rainbow Blvd.
Kansas City, KS 66160-7340
(913) 588-5900

The Child Development Unit (CDU) at the Kansas University Affiliated Program (KUAP) provides specialized evaluations and transdisciplinary, arena-style team assessments for children and adolescents diagnosed with autism/PDD. Assessments and evaluation services also are available for adults with autism/PDD. Team members are drawn from various departments and programs offered at the KU Medical Center. Core team members represent the divisions of audiology, psychology, nutrition, speech and occupational therapy at the KUAP-CDU. Pediatricians, psychiatrists, neurologists and other specialists at the KU Medical Center who are experienced and knowledgeable about autism/PDD also are affiliated with the KUAP-CDU and are available for consultation as needed and as appropriate.

University Hospital and Clinics' Autism Center

One Hospital Drive
Columbia, MO 65212
New patients: (573) 882-0253
Return patients: (573) 882-6921

The Autism Center is a multidisciplinary program involving professionals from Child Health, Medical Genetics, Child Psychiatry, Neuropsychology, Dietetics and Nutrition, Neurology, and Molecular Biology. The Autism Center has two clinics.

The Autism Evaluation Clinic meets every Tuesday and provides complete diagnostic and medical evaluations for patients new to the clinic. The initial evaluation is comprised of a complete medical, neurological, dysmorphology and genetic evaluation which is usually spread over two or three visits. At the end of the evaluation, the family is given a summary of all of the laboratory psychometric and neurologic studies, plus information on the suspected subcategory of autism found and how that information is expected to affect the individual's future development. Recommendations for therapeutic programs and medical care are made by each of the clinical participants and summarized. Children are then followed on a yearly basis.

The second clinic is the Autism Management Clinic. It is designed to fill the medical and medication management needs of children who are followed by Child Psychiatry. The clinic meets every Tuesday and is staffed by the Child Psychiatry Department and the autism nurse. Unique to this clinic is the behavioral medical diary system, a program in which each child on medication is closely followed by the clinic with the use of a behavioral medication diary and weekly or biweekly telephone check-ins by the parents and school teachers. This program provides support and education to families and helps the school systems understand medication management. Because medication management questions may occur at any time, the Autism Center has either a nurse or physician on call at all times. The Autism Center also participates and conducts research in the following areas: Autism DNA Study, Autism Prevalence Study, Autism Gene Finding Study, Autism Heterogeneity Study, Autism Database Development, Autism Trinucleotide Repeat Expansion Study, Autism Metabolic Study, Autism Risperidol Study and Autism Sleep Study. The Autism Center has some grant funds available for patients who require financial assistance.

Points to Ponder

Dr. Susan Izeman, Pennsylvania Department of Education, presented the following "Points to Ponder," a list of questions to be considered by both parents and providers in assessing the various options for intervention:

❶ What are the anticipated outcomes of this intervention?

* What positive changes can I expect to see in my child's behavior, communication, eating, sleeping, learning?
* Do these outcomes address what I see as an area of need for my child?
* Do these outcomes match my expectations or goals for my child: are there any potentially negative outcomes of the intervention?

❷ How will this be evaluated?

* How will I know if my child is making progress toward desired outcomes?
* What method will be used to evaluate my child's progress?
* How often will we evaluate my child's progress?
* Who will conduct the evaluation?
* How long will we continue until a change can be made in the intervention?

❸ What are the potential risks?

* Will my child face any immediate risk?
* Are there any activities, foods, etc. that will be restricted?

❹ What is the back-up plan if we choose to discontinue this intervention?

* Is there any risk of discontinuing the intervention?
* What kind of early intervention services will my child receive if we decide to stop the intervention?

❺ Is there a good fit between the intervention and our family life?

* Can we do what will be asked of us?

❻ Have I received information about this from a variety of sources?

❼ Is this intervention published in peer-reviewed journals?

❽ Are there alternatives that are less restrictive? Better researched?

❾ How will this new intervention be combined with strategies and therapies that we are already using with my child?

Parents may want to add other questions to this list. Izeman has suggested that a "Yes" or "No" to any one question should not mean an automatic acceptance or rejection of a particular method. Rather, she suggests that the questions be taken as a whole, as a guide to seeking information.

(Izeman has acknowledged contributions to her work from Phillip Strain, University of Colorado; Project DART, Allegheny Intermediate Unit, Pittsburgh; the staff of the LEAP Preschool, and integrated preschool associated with the DT Watson School, Pittsburgh.)

Retyped from the Early Childhood Bulletin, Winter 1996. This bulletin was prepared by the Federation for Children with Special Needs and the Parent Component of the National Early Childhood Technical Assistance System.

Evaluation of intervention programs for autism

Guidelines for evaluating treatments for autism

1. ***Approach*** any new treatment with hopeful skepticism. Remember the goal of any treatment should be to help the person with autism become a fully functioning member of society.

2. ***BEWARE*** of any program or techniques that is said to be appropriate for every person with autism.

3. ***BEWARE*** of any program that thwarts individualization and potentially results in harmful program decisions.

4. ***Be Aware*** that any treatment represents one of several options for a person with autism.

5. ***Be Aware*** that treatment should always depend on individual assessment information that points to it as an appropriate choice for a particular child.

6. ***Be Aware*** that no new treatment should be implemented until its proponents can specify assessment procedures necessary to determine whether it will be appropriate for an individual with autism.

7. ***Be Aware*** that debate over use of various techniques is often reduced to superficial arguments over who is *right, moral, ethical and who is a true advocate for the children*. This can lead to results that are directly opposite to those intended, including impediments to maximizing programs.

8. ***Be Aware*** that new treatments often have not been validated scientifically.

Freeman, B. J. (1997). Guidelines for evaluating intervention programs for children with autism. *Journal of Autism and Developmental Disorders, 27* (6), 647.

Services, Treatments and Therapies

Animal Therapy

Some individuals with autism find interaction with animals to be calming and of therapeutic value. There are a number of agencies in Missouri that provide therapeutic horsemanship experiences. Look in your local area for addresses.

North American Riding for the Handicapped Association
P.O. Box 33150
Denver, CO 80233
(800) 369-7433
Fax: [303] 252=4610
www.narha.org

Art Therapy

Art therapy is a form of psychotherapy that allows for emotional expression and communication through nonverbal means. The therapist invites the individual to express his/her feelings through a variety of art media. Through this process, individuals can often communicate and approach difficult issues more successfully than with words.

Applied Behavior Analysis

The teaching methods in this treatment are based in applied behavior analysis (ABA), a field of behavioral psychology. ABA works on the premise that when reinforcing consequences follow a child's response, the child is likely to give that response again, so learning can be shaped.

Every skill that is to be taught to the child is broken down into small steps that he/she can master. Each step is taught by presenting the child with a cue, and if it is correct rewarding his/her response with something reinforcing. Eventually, it is hoped the child will give the response without the reward.

Recovery Zone
http://pages.prodigy.com/dporcari/recovery_zone.html

The Recovery Zone is a large, comprehensive Web site about Lovaas therapy.

ABA Chat Room
www.geocities.com/Heartland/Plains/1648/chat.htm

Families for Early Autism Treatment (FEAT)
www.feat.org/feat

Lovaas Therapy for Preschoolers with Autism/PDD
www.gwi.net/goplay/home.htm

A Maine family's early intervention program for Autism/PDD

The Association for Behavior Analysis
www.wmich.edu/aba

Auditory Integration

Auditory integration training is used to treat sound sensitivity and distorted hearing. It has been referred to as "physical therapy for the ear." The method developed by Guy Berard, a French physician, uses a machine called an Audiokinetron to filter music that goes to headphones worn by the patient. The patient listens to this filtered music twice a day for half an hour for 10 days.

Results have varied, from improved ability to function because of decreased auditory sensitivity and improved understanding of language and other aural input to reports of no effect to the patient. Many of the regional centers have persons trained in this therapy. The Food and Drug Administration (FDA) has classified the Audiokinetron as a "medical device" and has put some limits on its importation until it receives FDA approval. The Tomatis method of auditory training is designed to improve the listening ability of individuals and works with functional, emotional and relational levels using a device called the Electronic Ear. For further information on these two methods, contact:

The Georgiana Organization, Inc.
P.O. Box 2607
Westport, CT 06880
(203) 454-1221
Fax: [203] 454=3788

Society for Auditory Integration Training
1040 Commercial St. SE, Suite 306
Salem, OR 97302
www.teleport.com/~sait

Behavior Therapy

Behavior therapy applies principles of behavior to improve specific problem behaviors. A variety of intervention techniques are used, and data is collected to determine the effectiveness of those techniques. Behavior therapy is used within the larger behavior support plan for the child. The goal of behavior therapy is to increase appropriate behavior and communication in the child.

Established and widely accepted principles of behavior include the following:

* All behavior is learned
* Learning takes place when behavior is reinforced
* In general, behavior that is followed by something pleasant tends to be repeated and thus learned
* In general, behavior that is followed by something unpleasant tends not to be repeated and thus not learned.
* It is most important to determine what things/activities in the immediate environment have a functional relationship to the problem behavior
* If you can see it, hear it, feel it or smell it, it's observable. If you can count it or measure it, it's quantifiable.

Behavior support plans have the following characteristics. They:

- ✓ Are built upon a functional assessment of behavior;
- ✓ Should be technically sound;
- ✓ Make problem behaviors irrelevant, inefficient and ineffective; and
- ✓ Should fit the setting where they will be implemented.

The techniques used in behavior therapy should be carefully selected to cause the desired behavior change. A competing behavior model can be used to make sure the techniques chosen

are the most effective. There are three steps involved in completing a competing behavior model:

1. Put the functional assessment summary statements into a behavior diagram;
2. Define alternative or competing behaviors, and the characteristics associated with them; and
3. Select intervention procedures that will make the problem behavior irrelevant, inefficient and ineffective.

Using a variety of intervention techniques will encourage generalization of new behaviors into other places and contexts.

Dietary Therapy

Although scientific research has not yet proven the effect of dietary therapy, many parents and professionals believe that what we eat affects how we behave. Some of our children may have allergies and sensitivities to substances which may trigger autistic behavior.

Assessment and evaluation done by a registered dietitian can establish adequacy and dietary composition of a child's diet. Knowing what your child is or is not eating is important to establish what effect dietary additions or eliminations may have. Adequate nutrition leads to optimal growth, both physically and cognitively. The dietitian should have experience with the particular food habits of children with autism. With the information provided by a dietitian who is an expert in the field of nutrition, parents can make a more informed decision regarding dietary therapy and their child.

* B6/Mg may influence reactions affecting several neurotransmitter systems.
* Future research is needed to explore the long-term effectiveness of megavitamin therapy.

Resources...

Autism Intolerance and Allergy Network
(AIA-USA and the Feingold Association)
127 E. Main St., Room 106
Riverhead, NY 11901
(516) 369-9340

American Celiac Society
New Jersey
(201) 325-8837

Child Development Unit at the University of Kansas Medical Center
(913) 588-5904

American Dietetic Association
www.eatright.org

Pedi-RD
www.uihc.uiowa.edu/pubinfo/pedi-rd.htm

Dietetics in Developmental and Psychiatric Practice Group
To contact a dietitian in your area, call (205) 871-0582

Gluten Intolerance Group of North America
(206) 325-6980
Online discussion group:
listserv@sjuvm.Stjohns.edu with the body SUB CELIAC yourfirstname yourlastname

Autism Research International
4182 Adams Ave.
San Diego, CA 92116
The Celiac/Autism package is available for a fee.

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Instructional Strategies

Social Stories

This instructional method, developed by Carol Gray, utilizes short, concise stories to provide information visually and auditorially with the relevant social cues identified in the story. They describe expected behavior while subtracting social interference. Parents and professionals may write the stories and older children may also write their own stories.

For more information:
Carol Gray
Jenison Public Schools
8375 20th Street
Jenison, MI 49428

Picture Exchange Communication System (PECS)

This instructional method utilizes pictures to develop communication. A communication board is developed that has simple pictures of objects (toys, food, family members, etc.) that are relevant to the child's life. The child is taught to use the pictures as a way to get his needs met. A system of rewards is in place to reinforce the learning. As the child gains skills in using the communication board, the pictures become more complex, eventually forming simple sentences.

For more information:
see Frost, L.A. and Bondy, A.S. (1994)
The Picture Exchange Communication System: An Interactive Augmentative Communication Program.
Cherry Hill, N.J.: Pyramid Education Consultants, Inc.

Learning Experiences, as Alternative Program for Preschoolers and their Parents (LEAP)

The LEAP preschool is an integrated classroom preschool model with two components: 1) an integrated preschool, and 2) a behavioral skill training program for parents. The model recommends that the preschool serve 10 typically developing children and 6 children with autism. The typically developing peers serve as models for the children with autism. The Creative Curriculum by Diana Trister Dodges serves as the general education program with the specific targeted skills that the children with autism need embedded in the natural routine.

For more information:
Dr. Phil Strain, Director,
LEAP Program,
University of Colorado at Denver
1444 Wazee, Ste. 230
Denver, CO 80202

Treatment and Education of Autistic and Related Communication Handicapped Children (TEACCH)

This model uses a structured teaching curriculum that addresses both behavior and knowledge content. The emphasis is on learning to be students and developing social and communicative behavior. The curriculum can be modified to meet individual needs as well as school or community needs. Teaching occurs in small groups or individually through a variety of behavioral teaching strategies. The TEACCH model can be provided in segregated and integrated settings, depending upon the needs of the child.

For more information:
Division TEACCH,
Department of Psychiatry,
University of North Carolina at Chapel Hill
(919) 966-2174

Music Therapy

Music therapy is the use of music or rhythm-based experiences specifically designed and implemented for individuals with special needs (newborns to geriatrics) to change behaviors and improve global function. Music therapy interventions use many different musical experiences — singing, composing, listening, improvising, moving — to address specific goals. These goals may be in the areas of social function, receptive/expressive language, academics or physical development. A qualified music therapist is trained to develop and implement age-appropriate musical experiences to facilitate *maximum individual development*. Musical experiences provide a structured, non-threatening environment that captures attention and encourages participation. Music is processed in many areas of the brain — lyrics and singing in the left hemisphere, melody and emotional response in the right hemisphere, rhythm in the brain stem. Through the use of music and rhythm-based interventions, appropriate and desirable responses are often evoked in even the most impaired individuals.

Occupational Therapy

Occupational therapy is the use of purposeful activity or interventions to achieve functional outcomes which promote health, prevent injury or disability, and which develop, improve, sustain or restore the highest possible level of independence of any individual who has an injury, illness, cognitive impairment, psychosocial dysfunction, mental illness, developmental or learning disability, physical disability or other disorder or condition. It includes assessment by means of skilled observation or evaluation through the administration and interpretation of standardized or nonstandardized tests and measurements.

Occupational therapy services include, but are not limited to:

* The assessment and provision of treatment in consultation with the individual, family or other appropriate persons;
* Interventions directed toward developing, improving, sustaining or restoring daily living skills, including self-care skills and activities that involve interactions with others and the environment, work readiness or work performance, play skills or leisure capacities or enhancing educational performance skills;
* Developing, improving, sustaining or restoring sensorimotor, oral-motor, perceptual or neuromuscular functioning; or emotional, motivational, cognitive or psychosocial components of performance; and
* Education of the individual, family or other appropriate persons in carrying out appropriate interventions.

Play Therapy

Play and social communication therapy addresses a wide range of cognitive, communication and interaction skills. Play is the main occupation of childhood. Play serves to integrate and apply the language, motor and cognitive skills developing during childhood into an awareness of social confines and strategies for the adaptation of behavior to meet these expectations.

Positive Behavior Supports

Positive Behavior Supports is an approach to understanding the physical and social context of behavior, as well as the individual who performs the challenging behavior. It is an approach that draws from our best knowledge about teaching, systems designs, behavior and social support to frame environments where people succeed and feel good about themselves. PBS is an evolving approach that focuses on supporting the individual to be more capable of predicting and understanding his/her delay, be more effective at communicating preferences and have more enhanced social networks and improved interaction with family and friends.

PBS offers practical solutions to the challenge of raising a child with disabilities at home and educating the child in his/her neighborhood school.

The features of PBS include:

* *A focus on life-style changes;*
* *The building of an effective environment;*
* *Functional assessment: Understanding the purpose of problem behaviors;*
* *Recognition that problem behaviors are problems of learning;*
* *The knowledge that communication is the foundation for positive behavior;*
* *The design of a multicomponent behavior support plan;*
* *Development of a contextually appropriate support plan;*
* *Development of collaborative partnerships; and*
* *Support with humility.*

Resources...

Families/teachers interested in receiving more information about positive behavioral support may contact the following:

The Family Connection
(800) 854-4938

This is a national referral service.

Research and Training Center on Positive Behavior Support
Specialized Training Program
1235 University of Oregon
Eugene, OR 97403-1235
(541) 346-2462

Beach Center
University of Kansas
3111 Haworth Hall
Lawrence, KS 66045
(913) 864-7600
www.lsi.ukans.edu/beach/beachhp.htm

Sensory Integration

Sensory integration is a neurobiological process that refers to the assimilation, organization and use of sensory information to allow an individual to interact effectively with the environment in daily activities at home, school and in other settings. Sensory integration enhances the individual's capacity to perform functional activities in school such as sitting in a chair to read, paying attention, organizing school supplies and a desk to begin a task, holding and using a pencil and translating verbal instructions into appropriate behaviors. Sensorimotor development is multifaceted and includes, but is not restricted to, factors such as:

* Coping and functioning appropriately within typical multisensory environments such as the classroom;
* Discriminating appropriately the sensory information relevant to understanding and performing perceptual-motor tasks, such as copying from a blackboard or keeping numbers aligned on the page for addition and subtraction;
* Creating, planning and performing appropriate schemes of action; and
* Having the body awareness, stamina and coordination to both sustain and perform activities that require attention, postural control and fine motor capabilities such as handwriting and using scissors.

Sensory integrative therapy requires that the child's history, behavior and physical status be studied carefully for clues as to which aspects of the sensorimotor processing system need remediation. The child is gently introduced to pleasurable therapeutic activities. Knowledgeable therapists and teachers will, if possible, avoid situations which are obviously stressful to the individual with autism, since stress and anxiety further disorganize the nervous system.

Resources...

American Journal of Occupational Therapy
4720 Montgomery Lane
P.O. Box 31220
Bethesda, MD 20824-1220
(301) 652-2682 ext. 288

Center for Neurodevelopment Studies
8434 N. 39th Ave.
Phoenix, AZ 85051

Occupational Therapy Journal of Research
Slack, Inc.
6900 Grove Road
Torofare, NJ 08086-9447
(800) 257-2890

Sensory Integration Quarterly
www.familyvillage.wisc.edu/general/sensory.htm
www.autism.org/si.html

Speech/Language Therapy

Individuals with autism/PDD often experience significant difficulties in expressive communication, language comprehension and reciprocal social interactions. Typically, difficulties are especially significant in the area of pragmatic communication skills, including greetings/farewells, calling for attention/acknowledgment, requesting/withholding permission, requesting clarification/repetition, commenting/approving/disapproving, direct/indirect requests for action, as well as protesting. In addition, individuals with autism/PDD often experience problems with yes/no questions, and *who, what, where, when, how, why* and *whose* questions.

Social interaction skills associated with two-way conversational and social skills are also typically delayed or absent in individuals with autism/PDD. For example, conversational turn-taking may be limited; the range of conversational topics may be quite limited; comprehending nonverbal cues and body language may be difficult, as is understanding another's perspective and understanding jokes and other types of humor.

It is important that individuals with autism/PDD be taught functional communication skills. They need to develop a full range of communication skills to help overcome delays in expressive language. Individuals with autism/PDD can benefit from speech/language therapy which emphasizes a pragmatic approach designed to provide an effective means of communication, even if that includes non-standard communication. Participation in small, structured social skills groups can assist in facilitating the development and generalization of pragmatic communication skills.

Information and resources on communication are available through the:

American Speech-Language-Hearing Association
www.asha.org

Special Education and Related Services as defined by IDEA

"Special education" means specially designed instruction, at no cost to parents, to meet the needs of a child with a disability, including instruction conducted in the classroom, in the home, in hospitals and institutions and in other settings, and instruction in physical education. Missouri law also defines special education to include language therapy.

The following related services must be considered and provided if the IEP team determines they are necessary for the student to benefit from his/her special education services. Definitions for each related service can be found in IDEA and the Missouri State Plan for Special Education.

- Audiology
- Psychological Services
- Counseling Services
- Recreation
- Medical Services*
- Rehabilitation Counseling Services
- Occupational Therapy
- School Health Services
- Orientation and Mobility Services
- Social Work Services
- Parent Counseling & Training
- Speech Language Pathology
- Physical Therapy

** Medical Services for diagnostic or evaluation purposes only*

Vision Therapy

Vision therapies do not deal as much with visual acuity as with problems in the use of the eye. Behavioral or developmental optometrists may design programs to improve visual tracking, fixation, focus change, binocular fusion and other visual processing skills. At times, these doctors prescribe prism lenses which help train the eyes to work together. Irlen lenses are tinted lenses that help individuals who have perceptual distortions, problems with depth perception or problems with light sensitivity.

Irlen Institute
5380 Village Road
Long Beach, CA 90808
(310) 496-2550
Fax: [310] 429-8699

Irlen Lenses
Blondell Behrendt
315 Barton Circle
Paducah, KY 42003
(502) 898-7144

Irlen Lenses
Kathryn Hay
121 Whittier #200
Wichita, KS 67207

Optometric Extension Program Foundation, Inc.
1921 E. Carengie Ave., Suite 3L
Santa Ana, CA 92705
(714) 250-8070
Fax: [714] 250-8157

To locate developmental/behavioral optometrists in your area, call the Optometric Extension Program, and they will send a list of doctors plus information on vision therapy.

Vitamin Therapy

Research and parent ancedotes have indicated that many negative symptoms experienced by people with autism are magnified by environmental factors, such as allergies and vitamin deficiences. Vitamin and mineral supplements have been extensively researched by Dr. Bernard Rimland, Autism Research Institute, 4182 Adams Ave., San Diego, CA 92116 (619) 281-7165.

Typically, high doses of vitamins are used in combination with specific minerals to affect behavioral changes in children. The B vitamins and magnesium appear to be particularly helpful. Dr. Rimland cautions parents to seek advice before beginning vitamin therapies, to avoid toxic overdoses.

The ***Autism Research Review International*** newsletter, published by Dr. Rimland, contains useful vitamin therapy information for parents and professionals.

Newsletters and Publications on Autism

Indiana Resource Center for Autism *IRCA Reporter*

Indiana University
Institute for Student Developmental Disabilities
The University Affiliated Program of Indiana
Indiana Resource Center for Autism
2853 E. Tenth St.
Bloomington, IN 47408-2601
Subscriptions: $10

Pro-Ed Journals

8700 Shoal Creek Blvd.
Austin, TX 78757-6897
(512) 451-3246
Fax: [512] 451-8542
Order-only Fax: [800] 397=7633

Pro-Ed has many items, including audio and videotapes. Subscriptions to the following journals are available for $39:

- *Journal of Emotional & Behavioral Disorders* (4 issues/year)
- *Intervention in School & Clinic* (5 issues/year)
- *Journal of Learning Disabilities* (6 issues/year)
- *Journal of Special Education* (4 issues/year)
- *Topics in Early Childhood Special Education* (4 issues/year)
- *Remedial & Special Education* (6 issues/year)
- *Focus on Autism & Other Developmental Disabilities* (4 issues/year)

ACCESS Express

c/o Project ACCESS
901 S. National
Springfield, MO 65804
(417) 836-6755
Subscription: Free

Advocate

Autism Society of America
7910 Woodmont Ave., Suite 650
Bethesda, MD 20814
Subscription: Free to all ASA members

Autism Coalition for Creative Education & Social Services (ACCESS)

92 Corporate Park, Suite C-500
Irvine, CA 92714

Good Applied Behavioral Analysis newsletter; excellent materials order form for books and videotapes.
Subscription: $25

Autism Research Review International

4182 Adams Ave.
San Diego, CA 92116

Quarterly publication of the Autism Research Institute.
Subscription: $18

Brimstone Bulletin

P.O. Box 21304
Eugene, OR 97402
www.apexcomm.net/~debiski/mfhhome.html

Newsletter confronting disability issues with humor and sentiment, is published by the "Mothers from Hell."
Subscription: $10

Newsletters and Publications on Autism...

Families and Disability Newsletter

Beach Center on Families and Disability
3111 Haworth Hall
University of Kansas
Lawrence, KS 66045-7516
(913) 864-7600
Fax: [913] 864=7605
Subscription: Free

Families for Intensive Autism Treatment Newsletter – FIAT

c/o CSAAC
751 Twinbrook Parkway
Rockville, MD 20851-1428
(301) 762-1650 ext. 138
Subscription/membership: $20

Fragile X Advocate

75 S. Elliot Rd., Suite 19
Chapel Hill, NC 27514

Quarterly journal for professionals and parents.

The IABA Newsletter

6169 St. Andrews Rd. #123
Columbia, SC 29212-3146
Subscription: $25

Quarterly publication of the Institute for Applied Behavior Analysis dedicated to the advancement of positive practices in the field of challenging behavior.

Journal of Applied Behavior Analysis

Department of Human Development
University of Kansas
Lawrence, KS 66045
Subscription: $24/year

Journal of Autism and Development Disabilities

Plenum Publishing Corporation
233 Spring St.
New York, NY 10013

MAAP

P.O. Box 524
Crown Point, IN 46307
Subscription: $20/year

Quarterly newsletter for families of More Advanced Autistic People.

Parent to Parent (Missouri Parents Act – MPACT)

(800) 743-7634

News from Missouri's Training and Information Center for Parents of Children with Disabilities.
Subscription: Free

The Morning News

Jenison Public Schools
2140 Bauer Road
Jenison, MI 49428

Magazine dedicated to individuals with autism and those with other developmental disabilities, as well as to those who work alongside them to improve mutual understanding.

Our Voice – The Newsletter of Autism Network International

P.O. Box 448
Syracuse, NY 13210-0448
Subscription: $15

Newsletters and Publications on Autism...

Parent Advocacy Coalition for Educational Rights (PACER Center)

4826 Chicago Ave. South
Minneapolis, MN 55417-1098
www.pacer.org
Subscription: Free

Protection & Advocacy Alliance Newsletter

Missouri Protection & Advocacy
925 S. Country Club Drive
Jefferson City, MO 65109
(573) 893-3333
Subscription: Free

Parents for Early Intervention Newsletter

308 Westwood Plaza #136
Los Angeles, CA 90024
Subscription: $20

Newsletter published three times yearly by the Clinic for the Behavioral Treatment of Children.

TASH Newsletter

TASH
29 W. Susquehanna Ave., Suite 210
Baltimore, MD 21204
(410) 828-8274
Fax: [410] 828=6706
Subscription: Varies

PDD Newsletter

21 Sharon Court
Shelton, CT 06484
(203) 924-0457
E-mail: bhult40@aol.com

Washington Watch
United Cerebral Palsy Association

1660 L Street NW, Suite 700
Washington, DC 20036-5602
Washington Watch newsletter is published weekly.
Subscription: $25

Interagency Agreement

Purpose

The purpose of this Interagency Agreement is to facilitate collaboration and coordination between the Department of Elementary and Secondary Education (DESE) and the Department of Mental Health (DMH) in the support of students with autism and their families. Both agencies recognize that autism is a unique disability displaying a wide range of severity and functioning levels which must be addressed on an individual basis. This agreement is guided by the Individuals with Disabilities Education Act (IDEA), the State Plan for Special Education, and the DMH's rules for the Autism Projects. This document does not create any binding requirements for local school districts and/or Regional Centers for the Division of Mental Retardation and Developmental Disabilities (DMRDD) and/or Autism Projects funded by the DMH. Participation in this project is subject to and conditional upon legislative appropriations and funding.

Parents have unique insights and knowledge of their children which are vitally important in all aspects of their children's lives. It is the vision of both departments that this document will create opportunities and standards for collaboration between agencies, families, and resources at the state and local level in order to promote a better understanding of autism and improve the quality of life for those individuals with autism and their family.

Due to the complexity of autism, it is extremely beneficial for professionals involved in evaluation, design and provision of services to have expertise, experience and/or training in the nature of autism. DESE and DMH will provide methods, including a resource guide, for parents and school district staff to access professional and resources in the field of autism to participate in the evaluation, planning, and provisions of services. This agreement provides clarification and information to all involved parties.

Goals

1. To provide a framework for the development of interagency agreements supporting cooperative efforts between Autism Projects and local school districts.
2. To maximize local resources for providing special education and related services to students with autism and support to their families.
3. To ensure coordination of services to families of students with autism.
4. To clarify roles and responsibilities of the DMH, DESE, local school districts, and families.
5. To provide information to public school administrators and staff about Autism Projects services and functioning.
6. To provide information to Autism Project administrators and staff about local school district services and responsibilities for students with disabilities under IDEA, state law, and regulations.
7. To provide opportunities for state and local staff to discuss mutual accomplishments and concerns.
8. To encourage and support a partnership among Autism Projects, local school districts, and state agencies in the development and provision of services to students with autism and their families.
9. To promote mutual respect and open communication among all whom are involved in the planning and delivery of services to individuals with autism and their families.
10. To identify and encourage the use of all resources for individuals with autism and their families.

Roles and Responsibilities

Department of Elementary and Secondary Education

The Division of Special Education is one of seven divisions of the DESE. The Division provides leadership to public schools in the education of students with disabilities. The Division is responsible for

* Establishing regulations (State Plan for Special Education) pursuant to federal (Individuals with Disabilities Education Act (IDEA), formerly PL 94-142, and state (RSMo. 162.670-162.999) legislation
* Monitoring each local school district through the Missouri School Improvement Program (MSIP) every five years for compliance with state and federal regulations implementing IDEA
* Investigating allegations that local districts are not complying with IDEA (Child Complaint Process)
* Providing special education and related services to students enrolled in the state schools for Deaf, Blind, and Severely Handicapped
* Providing technical assistance to parents, local school districts, and other groups as requested.

Project Access

Project ACCESS, located at Southwest Missouri State University, provides technical assistance to school districts serving students with autism. Staffed with resource specialists and graduate students from SMSU, Project ACCESS offers two major types of services to Missouri public schools: staff development activities and library resources. These services are available on a statewide basis.

Department of Mental Health

The Division of Mental Retardation and Developmental Disabilities (DMRDD) is one of three divisions of the DMH. The Division is responsible for providing citizens of Missouri with appropriate access to the services and supports they want and need. These services and supports include prevention of disabilities, evaluation, habilitation, and rehabilitation services.

The Division achieves its mission through case management and support staff in its facilities. Additionally, the Division has contractual arrangements and oversight responsibilities with programs and facilities funded, licensed, or certified by the DMH.

People of all ages who have developmental disabilities are eligible for Division services. Eligibility is determined by the Division's regional centers which evaluate an individual's situation in light of relevant state laws (Section 630.005, RSMo et. seq.). Missouri law requires that the person's disability must have occurred before age 22 (during the developmental period) and that it is likely to continue indefinitely.

Individuals who are eligible for Division services and have, or are suspected of having, autism, are referred if the family agrees to the appropriate Autism Project. The Autism Projects are funded by the DMRDD through a General Assembly Appropriation. The Division's Coordinator for Autism Services provides staff support to the projects and advisory committees.

Local School Districts

Missouri school districts are administered by local boards of education. Local school districts are responsible for:

* Conducting educational evaluations for those students suspected of having a disability that affects their educational performance.

* Providing a free appropriate public education (FAPE) as described in an annual Individualized Educational Program (IEP) for students who meet eligibility criteria as specified in the Missouri State Plan for Special Education.

* Providing special education and related services as specified by IDEA and the local district's compliance plan for special education.

To the maximum extent appropriate, public schools are required to educate students with disabilities in regular education classrooms. An appropriate education has been interpreted by courts to mean an educational program that is reasonably calculated for a student to benefit from the educational services provided.

Autism Projects

The five Missouri Autism Projects are family-focused, consumer-driven projects which focus primarily on needs that exist in the family of a person with autism as determined by that family. The Central, East, Southeast, Northwest, and Southwest Missouri Autism Projects are developed and monitored by Parent Advisory Committees (PACs) composed of from seven (7) to nine (9) persons that have family members with autism, including family members that are young children, school-age children, and adults.

Members are selected by current committee members through a nomination and application process. Each advisory committee strives to maintain membership from each of the MRDD's regions within its project boundary. The committees make every effort to elect members to represent the cultural diversity of the project areas and to represent persons with autism of all ages and capabilities.

Each committee has the responsibility of selecting a service provider of their choice. Requests for proposals are distributed to potential bidders with expertise in autism. The committee reviews the proposals, interviews the bidders and selects the provider best demonstrating the ability to provide the services as outlined by the committee.

The services provided are based on a needs assessment and public forums with inputs from families in the project areas. The committee continues to represent the needs of all families who have a family member with autism as the project is implemented. The regional projects have a variety of differences depending on the needs of the families in each area.

The PAC's responsibilities include, but are not limited to, the following:

* Advocating for persons with autism
* Monitoring contracts for services
* Determining services to be provided and selecting the provider(s) for those services
* Establishing policy, budget, and service priorities
* Reviewing service delivery each month
* Conducting ongoing planning
* Conducting public education and awareness

Missouri Advisory Committee on Autism

The DMRDD has established the Missouri Advisory Committee on Autism. It is composed of two (2) representatives and one (1) alternate from each of the five (5) regional Parent Advisory Committees. The committee is appointed by the division director.

The Missouri Advisory Committee on Autism's responsibilities include, but are not limited to, the following:

* Communicating with the Autism Projects to provide up-to-date information to them and the families they serve
* Developing collaborative relationships with the DESE and encouraging the parent advisory committee and providers to work collaboratively with local school districts
* Establishing statewide policy
* Fostering unity with and among all the projects to ensure joint support for legislative, budget, and other issues
* Planning and sponsoring statewide activities
* Providing program recommendations to the Division

The five parent advisory committees and the Missouri Advisory Committee on Autism have been established through the State of Missouri Order of Rulemaking, 9 CSR 45-3.060.

Services

Local School Districts

Local school districts are required to provide special education and related services to students between the ages of 3 and 21 who meet eligibility criteria as defined by the state plan for special education in the least restrictive environment. This means IEP teams must first consider educating students with disabilities with children who are not disabled. Children with disabilities are served in special classes only when the nature and severity of the disability is such that education in regular classes with supplementary aids and services cannot be achieved satisfactorily.

Special education is defined as specially designed instruction provided at no cost that meets the unique needs of a student with a disability. The term includes speech pathology, physical education, and vocational education **if** it consists of specially designed instruction provided at no cost to the parent and is designed to meet the unique needs of a student with a disability.

Related services are defined as developmental, corrective, and other supportive services that are required to assist a student with a disability to **benefit** from special education. The term includes transportation, speech pathology and audiology, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, counseling services, including rehabilitation counseling, medical services for diagnostic or evaluation purposes, school health services, social work services in schools, parent counseling and training, and assistive technology services and devices.

Complete definitions of these terms may be found in the State Plan for Special Education or the compliance plan of the local school district.

Project ACCESS

Project ACCESS manages an autism resource library that includes books, audio tapes, videotapes and tests that are available for free check out by mail. ACCESS publishes a quarterly newsletter and offers fact sheets and packets on topics of special interest. ACCESS offers year round trainings taught by its staff of autism resource specialists. These trainings include the Autism Institute which consists of the *Introduction to Autism*, and the choice of either *Working with Autistic Students in the Schools* or *Working with Autistic Students in the Preschool*. ACCESS also offers workshops on *Assessment of Students with Autism for School Placement and Programming, Educating Students with Autism in the Least Restrictive Environment, Sensory Integration and the Student with Autism, Working with High Functioning Students with Autism*, and other special topics.

Autism Projects

Services provided by the Missouri Autism Projects described in a previous section may include, but are not limited to:

* Assessment
* Advocacy training
* Behavior management training and supports
* Communication and language therapy
* Consultation on individualized education and habilitation plans
* Crisis intervention
* Information and referral assistance
* Music therapy
* Occupational therapy, sensory integration therapy, and consultation
* Parent or caregiver training
* Public education and information dissemination
* Respite care
* Professionals/paraprofessional training

The availability of these services may vary from project to project based on needs assessment, funding and policies established by the parent advisory committees. All of the projects do not offer all of the above services nor do all individuals with autism receive all the services. Appropriate services received are determined by the person's individual needs based upon evaluation information.

The services are defined in the contract with the parent advisory committee, the provider, and the DMH.

Department of Elementary and Secondary Education

The Department of Elementary and Secondary Education is responsible for the provision of the services identified in the previous section to students enrolled in the state schools for Deaf, Blind, and Severely Handicapped.

Family Support

Department of Elementary and Secondary Education

The Division of Special Education provides fiscal support to Missouri's parent information and training program which is known as MPACT (Missouri Parents Act) to support their IEP volunteer program. These IEP volunteers are available to assist any parent in the IEP process.

Division staff also provide technical assistance to parents via telephone calls and presentations.

A Parent's Guide to Special Education in Missouri is available to parents upon request from either MPACT or DESE. This booklet provides information concerning rights and responsibilities as a parent of a child with a disability.

Autism Projects

The autism projects are established as family support programs structured to provide training and supports for individuals with autism and their families to maintain and enhance family caregiving. The various supports are available to:

* Provide intensive training in the family's home (or other location of their choice) for parents/caregivers and other family members
* Provide on-call crisis intervention and consultation to families
* Organize and conduct training sessions for families/caregivers on taopics identified by parents with follow-up consultation and assistance
* Support families in understanding their legal rights and those of their children and in advocating for appropriate services
* Develop the community integration skills of the individual with autism
* Assist individuals with autism in developing their potential for independence

Resource Identification/Professional Development

Department of Elementary and Secondary Education

Three major technical assistance projects are supported by the DESE:

* **Project ACCESS** – Since 1985, the DESE has funded ACCESS, a discretionary project that provides support and technical assistance to school districts serving students with autism. ACCESS offers phone consultation, training, and materials for loan. ACCESS also provides training to local districts that want to establish an "in district teacher consultant" on autism. Training for these "in district teacher consultants" occurs annually. ACCESS also maintains a listing of additional consultants who have received training and have experience with students with autism. These consultants are available for hire as independent contractors for local school districts. ACCESS is located in Springfield; phone (417) 836-4118.

* **CISE** – The Center for Innovations in Special Education's mission is "to provide professional development services and resources for those who ensure all learners achieve their potential." To support this mission, the Center provides a number of training and educational opportunities, publishes the quarterly newsletter *Missouri Innovations in Special Education*, and maintains an extensive library of materials that are available for short-term loan. CISE is located in Columbia; phone (800) 976-2473.

* **Technology Center for Special Education** – The Technology Center for Special Education provides training, information, and technical assistance in assistive technology, specific to computer access and augmentative and alternative communication. Services and products are available to school districts, colleges, and universities. The Technology Center is located in Kansas City; phone (800) 872-7066.

Autism Projects

Professional development functions of the Autism Projects are to:

* Conduct training for professionals and paraprofessionals who are working with individuals with autism and their families with emphasis around the specific needs of the individual with autism

* Invite local school district staff to participate in various training activities conducted by the projects

* Assist families in obtaining needed services from other state and local agencies which are not available through the projects

* Become knowledgeable of innovative effective programs and research in the support, care, and treatment of individuals with autism and their families

* Be available to assist the local school district and the parents in developing the child's appropriate services

Collaboration at the State Level

The DMH and the DESE are committed to collaborative planning and outcomes for students with autism and their families. Every spring and fall, representatives from the DESE and five local school districts which are located in the five geographic areas of the autism projects and nominated through Missouri Council of Administrators of Special Education (MOCASE) will meet with the DMH staff and the Missouri Advisory Committee on Autism to (1) identify statewide issues and initiatives; and (2) develop a plan of action which will include methods to evaluate results. Outcomes of these discussions might include: legislative initiatives, promotion of local or regional collaborations, collaborative training at the state level, demonstration projects, and/or revision of this agreement.

Collaboration at the Local/Regional Level

Joint planning between autism projects and certain local school districts or Local Administrators for Special Education (LASE) groups should occur at the local or regional level. Most LASE groups are regional structures comprised of approximately 50-60 districts. Typically, the special education director of local districts attend these monthly meetings which focus on current topics and issues regarding special education services. Examples of activities that could be promoted at the regional/local level could include the following:

* Develop a collaborative regional training system for families, teachers and other school staff, autism project staff, medical professionals, university faculty, and/or others interested in autism
* Sponsor inservice training opportunities based upon local/regional priorities
* Develop a regional service directory
* Commit to common planning time (with parent consent) for the development of IEPs, IHPs, etc.
* Share, with parent consent and review, diagnostic and other pertinent information to avoid duplication in evaluation and/or service delivery, etc.

Review of Agreement

Annually, representatives of the Department of Elementary and Secondary Education and the Department of Mental Health will review this agreement and make modifications as mutually agreed.